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# विश्व आयुर्वेद परिषद पत्रिका

वर्ष - 17

अंक - 7-8, सम्वत् 2077

श्रावण-भाद्रपद

जुलाई-अगस्त 2019



[www.vishwaayurveda.org](http://www.vishwaayurveda.org)

वर्षा ऋतु

*A Reviewed*

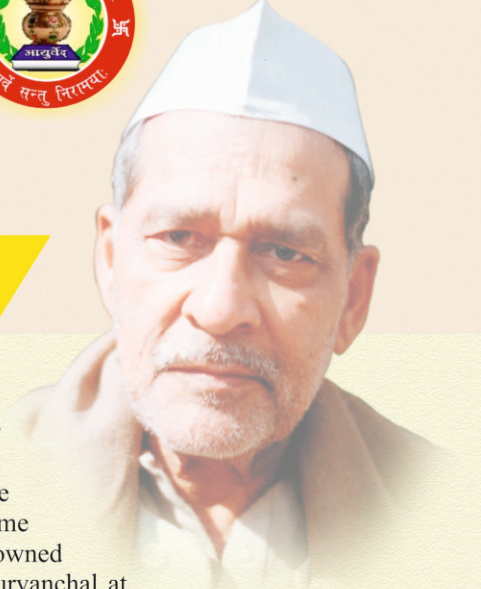
**Journal of Vishwa Ayurved Parishad**

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# विश्व आयुर्वेद परिषद्

## VISHWA AYURVED PARISHAD

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### Dr. GANGA SAHAY PANDEY MEMORIAL All India Essay Competition-2020 (For U.G.) Ayurved Students

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Dr. Ganga Sahai Pandey was one of the renowned personalities of Ayurveda. After completing his A.M.S. Degree from Banaras Hindu University in 1945 he served in the Department of Kayachikitsa in the same University. His prestige and glory as a renowned physician spread beyond the domains of Purvanchal at National and International levels. He was the member of Academic council of B.H.U and also served the humanity and Ayurveda as a president of Akhil Bhartiya Vaidya Parishad. He was honoured by "Sahitya Academy Award" and "Mangala Prasad Paritoshik Award" for his incredible contribution in the field of Ayurvedic Literature. His immense depth of knowledge about the subject can be visualized in his important scriptures on Kayachikitsa He also edited fundamental treatises of Ayurveda like Charaka Samhita, Gadanigraha, Bhavaprakasha Nighantu and Ayurveda Pradeep. In the auspicious memory of such a laureate personality, Vishwa Ayurved Parishad organizes an essay competition every year among undergraduate students of Ayurvedic colleges of India continuously for last 12 years.

#### Dear Students,

During this pandemic COVID-19 entire world community is facing an unprecedented struggle caused by novel coronavirus named as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS- CoV-2). The pandemic still continues to spread in its highest peak and urgently need a stringent strategy to combat. Presently it is a fact that no system of medicine has come out with evidence-based treatment for COVID-19. Thus, we do not have a definite treatment or vaccine exist till date for this exotic virus. AYUSH intervention especially Ayurveda has a great scope to play by its holistic principle and clinical expertise in managing infectious and pandemic disease. Ayurveda is the only science which emphasises more on prevention than cure. So, it is high time to come forward to explore new and newer dimensions in Ayurveda to combat the crisis and emerge as a part of central health care system.

Keeping the optimistic acceptability of Ayurveda ahead, rationale and fundamental thoughts in form of essay in Hindi or English are invited on following topic.

**“Ayurveda: Opening new dimensions in COVID era.”**

**“कोविड काल में आयुर्वेद के नये आयाम”**

#### Copy to:

- 1- Director/ Dean/ Principal, All Ayurvedic Colleges of India, with a request to convey the message among students.
- 2- State Jt. Organizing Secretaries for wide circulation and necessary action.

**Dr. Kamlesh K. Dwivedi**  
Chairman, Scientific committee  
09336913142

**Dr. Manish Mishra**  
Jt. Organising Secretary  
09415896482

**Dr. Anuradha Roy**  
Organising Secretary  
09956630433

#### Prize & Felicitation

After proper reviewing of the essays, the central specialist committee will honour each winner with a citation, Gold medal with cash prize of Rs.15,000/- to the best essay, Silver medal with cash prize of Rs.11,000/- to 1st runner up and Bronze medal with cash prize of Rs.7,500/- to 2nd runner up in a special function that will be organized in Varanasi.

For more details and updates on the event, contact the local State Joint. Organizing Secretary or log on to [dgsp.vap@teamvaruna.in](mailto:dgsp.vap@teamvaruna.in)  
For assistance and queries contact to-



## “वैद्य पं० गंगाधर शर्मा त्रिपाठी”

स्मृति

### अखिल भारतीय आयुर्वेद स्नातक स्तर निबंध प्रतियोगिता 2020

#### **वैद्य पं० गंगाधर शर्मा त्रिपाठी का संक्षिप्त परिचय**

संस्कृत साहित्य एवं आयुर्वेद वाग्भूमय की महान विभूतियों में ‘आयुर्वेदरत्न’ आचार्य गंगाधर शर्मा त्रिपाठी का नाम स्वर्णाक्षरों में उल्लेखनीय है। बिहार राज्यान्तर्गत सीवान मण्डल के तक्कीपुर ग्राम में भारतवर्ष के प्रख्यात धर्मशास्त्रज्ञ प्रधानाचार्य पं० यमुना प्रसाद त्रिपाठी के एकमात्र पुत्र के रूप में माघ शुक्ल पक्ष संवत् 1977 तदनुसार दिनांक 15.01.1920 को आप अवतीर्ण हुए। आपकी प्रारंभिक शिक्षा वंशपरम्परानुसार 5 वर्ष की अवस्था में ही उपनयन के पश्चात् गन्नीपुर (मुजफ्फरपुर) स्थित लोकमान्य ब्रह्मचर्याश्रम में प्रारम्भ हुई। 12 वर्षों तक ब्रह्मचारी वेश में निरंतर विद्याध्ययन के क्रम में बाल्यकाल से ही संस्कृत के श्लोकों एवं वेदमंत्रों के सस्वरपाठ के द्वारा आप सुधी-समुदाय को अपनी प्रखर प्रतिभा से अभिभूत करते रहे। तत्पश्चात् सुविख्यात धर्मसमाज संस्कृत महाविद्यालय, मुजफ्फरपुर में अपने पूज्य पिताजी के सानिध्य में आपने आयुर्वेद, वेद, धर्मशास्त्र, पुराण, साहित्य एवं व्याकरण विषयक आचार्य परीक्षा में सर्वोच्च स्थान प्राप्त कर छः स्वर्णपदक प्राप्त किये।

लगभग 36 वर्षों तक धर्मसमाज संस्कृत महाविद्यालय, मुजफ्फरपुर तथा राजकीय संस्कृत महाविद्यालय, भागलपुर में प्राध्यापक, विभागाध्यक्ष तथा प्राचार्य पद अलंकृत करने के पश्चात् आप 1978 में सेवानिवृत्त होकर कामेश्वर सिंह दरभंगा संस्कृत विश्वविद्यालय, दरभंगा द्वारा सम्मानित प्राध्यापक एवं शास्त्र चूड़ामणि आदि सम्मानों से सम्मानित किए गए।

आचार्य त्रिपाठी ने आयुर्वेद का अध्ययन भारत के प्रख्यात वैद्य पंडित प्रसिद्ध नारायण चतुर्वेदी तथा पंडित भैरव गिरि आदि के निर्देशन में कर बिहार राज्य में सर्वोच्च स्थान प्राप्त किया एवं स्वर्ण पदक से सम्मानित हुए। धर्मसमाज संस्कृत महाविद्यालय तथा कामेश्वर सिंह दरभंगा संस्कृत विश्वविद्यालय में क्रमशः “आयुर्वेद विभाग” तथा “आयुर्वेद महाविद्यालय” की स्थापना में इनका योगदान सर्वथा स्तुत्य रहा है। विश्वविद्यालय के अधिषद्, अभिषद्, विद्वत्परिषद् तथा परीक्षा-परिषद् के मान्य सदस्य के रूप में आयुर्वेद के विकास, संरक्षण तथा संवर्धन में आपकी अति महत्वपूर्ण भूमिका रही है। आयुर्वेद एवं संस्कृत के क्षेत्र में आपके अपूर्व योगदान के फलस्वरूप बिहार के महामहिम राज्यपाल तथा बौसी एवं सौराठ स्थित अनेक संस्थाओं द्वारा आपको विविध सम्मानों से सम्मानित किया गया। इनकी संततियों तीसरी पीढ़ी तक संस्कृत एवं आयुर्वेद की सेवा तथा विकास में सतत समर्पित एवं क्रियाशील है। आपके चार पुत्र, पौत्र-पौत्रियाँ एवं समस्त परिजन निष्ठापूर्वक संस्कृत विद्या एवं आयुर्वेद के क्षेत्र में सम्मानित एवं प्रतिष्ठित होकर आज भी आपकी परंपरा को अक्षुण्ण बनाए हुए हैं। आयुर्वेद एवं संस्कृत के क्षेत्र में ऐसी अविरोध वंश-परंपरा विरले ही दृष्टिगत होती है।

योग एवं आयुर्वेद को अपने व्यावहारिक जीवन में सुप्रतिष्ठित कर जीवन यापन करने वाले ये महान मनीषी लगभग छः किलोमीटर तक भ्रमण के पश्चात् मन एवं काय से पूर्ण स्वस्थावस्था में कार्तिक शुक्ल हरिशयनी एकादशी संवत् 2054 तदनुसार दिनांक 15.07.1997 को व्रतावस्था में अकस्मात् भगवान विष्णु के साथ ही चिरनिद्रा में लीन हो गये।

संस्कृत, योग एवं आयुर्वेद के संरक्षण, संवर्धन एवं प्रसार के लिए अपना समस्त जीवन समर्पित करने वाले ऐसे पुण्यश्लोक महामनीषी के सम्मान, सपर्या एवं सभाजन हेतु विश्व आयुर्वेद परिषद् की बिहार शाखा ने आपकी पुण्यस्मृति में 2020 वर्षीय स्नातक स्तरीय निबन्ध प्रतियोगिता आयोजित करने का निश्चय किया है। इस सारस्वत अनुष्ठान में समस्त संस्कृतानुरागियों, आयुर्वेदप्रेमियों तथा अन्यान्य मनीषियों का सर्वविध सक्रिय सहयोग प्रार्थित है।

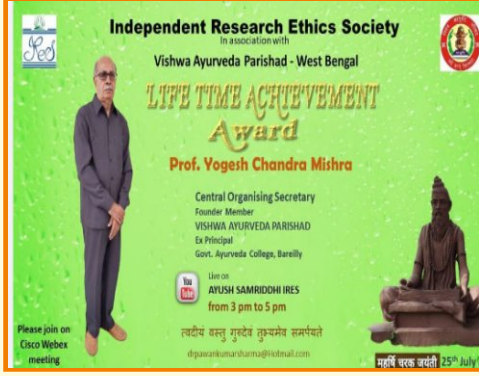
The subject of the Essay Competition is 'जनपदोद्वंस के विषय में चरकोक्त तस्य मूलमधर्मः का वर्तमान परिपेक्ष्य (कोरोना वायरस के संदर्भ में) प्रासंगिकता' or **The Reliability of Charkokt “Tasya Moolam- Adharmah” in the Present Scenario (Covid-19) in the context of Janpadodhwansh.**

#### **Rules:**

- (1) All undergraduate students of Ayurveda are eligible to participate in essay competition including internees.
- (2) Essay should be on:
  - ❖ A4 sheet
  - ❖ Single sided
  - ❖ Font-Kruti Dev 10, Size- 12, Spacing- 1.5, Ms Word format
  - ❖ Submitted in the three copies.
- (3) Language Hindi- English and Sanskrit or mixed as per necessity having not more than 2000 words.
- (4) Last page of essay should have details of the participant viz. Name, Academic year, Name of college/Institute, Address for Correspondence, Email & Contact number.
- (5) Last date for submission: **15<sup>th</sup> September 2020.**
- (6) Candidates should send the essay duly forwarded by the Principal/ HOD of college/ institute.



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विश्व आयुर्वेद परिषद् के लिए प्रोफेसर सत्येन्द्र प्रसाद मिश्र, संरक्षक, विश्व आयुर्वेद परिषद् द्वारा नूतन ऑफसेट मुद्रण केन्द्र, संस्कृति भवन, राजेन्द्र नगर, लखनऊ से मुद्रित कराकर, 1/231 विराम खण्ड, गोमती नगर, लखनऊ-226010 से प्रकाशित।

प्रधान सम्पादक - प्रोफेसर सत्येन्द्र प्रसाद मिश्र



# विश्व आयुर्वेद परिषद् पत्रिका

## Journal of Vishwa Ayurved Parishad

वर्ष - 17, अंक - 7-8

श्रावण-भाद्रपद

जुलाई-अगस्त 2020

संरक्षक :

- डॉ० रमन सिंह  
(पूर्व मुख्यमंत्री, छत्तीसगढ़)
- प्रो० योगेश चन्द्र मिश्र  
(राष्ट्रीय संगठन सचिव)

प्रधान सम्पादक :

- प्रो० सत्येन्द्र प्रसाद मिश्र

सम्पादक :

- डॉ० अजय कुमार पाण्डेय

सम्पादक मण्डल :

- डॉ० ब्रजेश गुप्ता
- डॉ० मनीष मिश्र
- डॉ० आशुतोष कुमार पाठक

अक्षर संयोजन :

- ब्रजेश पटेल

प्रबन्ध सम्पादक :

- डॉ० कमलेश कुमार द्विवेदी

सम्पादकीय कार्यालय :

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सम्पादक मण्डल के सभी सदस्य मानद एवं अवैतनिक हैं। पत्रिका के लेखों में व्यक्त विचार लेखकों के हैं। सम्पादक एवं प्रकाशक का उससे सहमत होना आवश्यक नहीं है। आपके सुझावों का सदैव स्वागत है।

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## ***Guest Editorial***

Traditional systems of medicine in India, China and several other countries have played major role in meeting the healthcare needs of humanity. These systems have incorporated the best of wisdom and experimental insights in developing treatment regimen of those times. They have also provided clues for the identification of a large number of chemical compounds which are currently being used effectively in modern medicine. While aim of our age old Ayurveda has been healthy living, the focus of modern medicine has largely been on the treatment of patients. While modern medicine most often deals with physical symptoms, Ayurveda focuses on lifestyle, and mental, psychological and spiritual causes of the ailments. While diagnosis of a disease in Modern medicine depends on a large number of scientific instrument-based investigations, Ayurveda has been depending mostly on human judgement which may differ from one Vaidya to another. This judgement has depended mostly on the traditional wisdom which is inherited from generations of sages, seers and vaidyas. While there is flexibility in Ayurveda to make personalized combination of medicines, modern medicine has a prescribed course of treatment for each ailment which does not vary much from one physician to another. Many people the world over are looking forward to alternative systems of medicine as they are not satisfied with modern medicine due to increasing number of adverse reactions or side effects or lack of any treatment in several cases. Ayurveda offers an attractive option to modern medicine in many such cases. But, for the larger acceptability of Ayurveda, we need to re-analyze some of the most effective formulations of this treatment system with full scientific rigour and vigour. Most Vaidyas practicing Ayurveda feel that establishment of cause and effect relationship is good enough for prescribing a medicine. But, Modern medicine probes deeper and tries to understand the mechanism connecting cause with its effect. The present day knowledge-society expects to understand all aspects of the cause-effect relationship including mechanism of disease and the targets of intervention by the medicine.



Though the philosophy of Ayurveda is substantially different from that of modern medicine, we need to enhance global acceptability of Ayurveda by applying all the rigour, vigour, tools and techniques of present day science to unravel the mechanisms of action of some of the herbal formulations. Randomized double blind clinical trials of some of the proven Ayurvedic formulations will tone down the voices of critics of Ayurveda. Availability of the desired quality of raw material, consistency of quality and also safety of the formulations, however, will remain a challenge which needs to be addressed in a convincing manner instead of brushing it aside. Faith in Ayurveda or any system of treatment is a must for healing; but it should emerge from scientifically proven, reproducible and convincing observations. A seamless integration of scientific methods of inquiry with Ayurveda is a need of the present times which will lead to the realization of the noble aim of “sarve santu niramaya”. I thank Vishwa Ayurved Parishad for steering the cause of enhancing the acceptability of Ayurveda at global level. My best wishes.

**–Anil Kumar Tripathi**

**Director**

**Institute of Science, BHU, Varanasi**



## PHYSICAL MATERIAL AND SENSORIAL ASPECTS OF MIND

- A.R.V. Murthy<sup>1</sup>

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### NATURE OF MIND (*Swaroopam*)

Mind has been an intriguing subject since ages and the mystery surrounding the nature of mind has always been an interesting area for search and research among the scholars of the past and the present. Theories innumerable have been hypothesized by different schools of thought to unveil this mystic concept of mind. There are different opinions about the Material, Physical, Sensorial - *Dravyatvam*, *Bhoutikatvam*, *Indriyatvam* and related aspects of mind but each school has its own interpretation to defend what it believes is truth.

*Ayurveda* has conceived mind as one of the four basic components of life. Mind along with Soul and Body is considered the 'TRIPOD' (*Tridanda*) on which the individual rests and functions. The body is inert and cannot provide its own motivation. The soul is beyond the field of action but provides the motivation by its very presence. But the soul can do this only when mind is associated with it.<sup>1,2</sup> Mind also assists sensorial perception and regulates the sensory process<sup>3</sup>. It's also

said to perceive feelings like pleasure and pain which is independent of sensory apparatus and is known as transcending sense (*Atindriyam*)<sup>4</sup>. Along with ego (*Ahamkarah*) and intellect (*Buddhih*) it constitutes the triad of internal perception (*Antahkaranatraya*).<sup>5</sup> The one and the most important proof of existence of mind is perception/understanding of the object "or otherwise".<sup>6, 6A</sup> Unlike soul, which is Eternal, omnipresent and ubiquitous,<sup>7,7A</sup> mind is atomic and unitary.<sup>8</sup> Mind is immensely related to the three Primordial Attributes (*Trigunas*) and the relative predominance of these Attributes (*gunas*) is responsible for the tripartite nature of mind. Mind is admitted as a *Dravyam* (matter) and is counted among nine *Karana Dravyas* (primordial matter) by both Charaka and Kashyapa.<sup>9,10</sup>

Mind along with its objects, intellect and soul constitutes spiritual elements and qualities (*Adhyatmadravyaguna sangrahaha*).<sup>11</sup> The primary function of the mind is to activate and regulate the functions of sense organs and control its own activities. Cerebration (*Cintya*),

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Consideration (*Vicarya*), *Cogitation* (*Uhya*), Contemplation (*Dhyeya*) and Conviction (*Samkalpa*) constitute the five objects of mind<sup>12</sup> Mind is an evolute of ego (*Ahamkara*) and during the course of foetal development is said to make its appearance in the 5<sup>th</sup> month.<sup>13</sup> Among the views cited regarding the first organ to develop, two views stand apart- one as head and other as heart.<sup>14</sup> Accordingly two views have prevailed in Ayurveda regarding the location of mind –head and heart.<sup>15,16</sup> Being such an important component of life process, and responsible for conative and cognitive activities, mind along with the body is considered a substratum of diseases as well.<sup>17</sup> Mental faculty is said to be of three types *shuddham* which is free from defects as it is endowed with auspiciousness (*Kalyanamsattvat*), *Rajasam* (activity /energy) and *Tamasam* (Inertia/mass) which are said to be defective because they promote wrath (*Roshamsa*) and Ignorance (*Moamsha*)<sup>18</sup>. Thus while *Rajas* and *Tamas* are the causes of psychological disturbances and disorders, *shuddham* or '*Sattvam*' promotes harmony and a disease free state.

#### **MIND AS MATTER (DRAVYATVA AND BHOUTIKATVA)**

Charaka admits *Manah* as *Dravya* and also as *Acetana*.<sup>19</sup> *Dravyatvam* and *Acetanatwa* put together to project mind as a physical nonliving entity, in general

sense. But in *Ayurveda* except Soul everything else is nonliving (*Achetanam*)<sup>20</sup>. In that sense eternal like time and space are also nonliving and also physical (*Dravya*). Thus being physical and nonliving need not be *Bhoutika*. One which is derived from *Bhutas* (proto elements) is *Bhoutika* and its equivalent form in the general sense is substance derived out of matter. The term '*Dravya*' however cannot be equated to substance or matter as defined in the modern science. '*Dravyam*' is a peculiar usage which cannot have one to one co-relation in modern sense of the term. *Dravyatva* and *Bhoutikatva* hence are two different entities and *Ayurveda* has clearly differentiated these two. While *Dravyatva* has been accepted for mind in no uncertain terms, there is some ambiguity about *Bhoutikatva* nature of mind, in *Ayurveda*.

#### **DRAVYATVAM:**

*Nyaya* admits *Dravyatva* for mind<sup>21</sup>. *Vaisheshika* School counts mind among nine primordial elements<sup>22</sup>. *Mimamsa* School includes mind among eleven *Dravyas* and terms it incorporeal (*Anavayava dravya*) and imperceptible (*Apratyaksha dravya*).<sup>23</sup>

In *Ayurveda* mind has been admitted as *Dravya*. Charaka counts *Manah* as one among the nine '*Karana Dravyams*' (primordial elements)<sup>24</sup> and also among '*Adhhyatmadravyagunasangraha*'.





(Spiritual elements)<sup>25</sup>. Kasyapa too has accepted the *Dravyatva* of mind<sup>26</sup>. mind has also been counted among Prameyas (Objects of right cognition) by *Nyaya* philosophy.<sup>27</sup>

Charaka defines *Dravya* (matter) as one which is a substratum of qualities and actions and also one which is a concomitant cause<sup>28</sup>. It can be sentient as well as insentient. Sentient when in possession of sense organs and insentient when devoid of them<sup>29,30</sup>. Chakrapani describes concomitant cause as one which has the ability to produce another matter, qualities as well as actions<sup>1</sup>. *Dravyam* (matter) has been described as one which is distinct from qualities. (*Guna*). *Vaisheshika* regards *Dravya* as an independent substance (*padartha*) and it is something which although possessed of the attributes is genetically distinct from them.<sup>32</sup> Charaka's verse "*Gunah Gunaasraya nokta*"<sup>33</sup> supports *Vaisheshika* view in no uncertain terms. However the question of matter versus qualities has been a cause of dispute both in eastern & western philosophy. Berkley in England and Buddhists in India denied an independent entity for a substance which is more than sum of qualities.

### **BHOUTIKATVA:**

*Bhoutikam* in the real sense is a substance, which is derived out of *Panchabhutas* (proto elements) and its

equivalent form in the general sense is substance derived out of matter. Matter means the one, which is the material cause of the world. *Upanishads* describe five *bhutas* as '*Upadanakarana*' (material cause). Thus matter and *bhutas* have almost similar meaning. The term '*Dravya*' however has been equated to substance or matter as defined in the modern sense of the term in general (western view) and this has led to a dispute about the nature of mind.

Being born out of Ego factor, mind cannot be *Bhoutika*– declares *Samkhya* School. Proto elements (*Panchabhutas*), come in the last phase of evolution, while mind occupies a higher position in this process. Thus, mind cannot be born to *Bhutas*. Ayurveda schools differ on this count. According to Sushruta mind is *Ahankarika* and hence it appears it is non *Bhoutika*. By including *Bhutas* among causal agents (*Prakritis*) and mind among effects (*Vikritis*), Charaka has indirectly suggested that mind is *Bhoutika*.

In the cosmological description of evolution Sushruta following *Samkhya* School, described mind as an evolute of ego factor (*Ahankara*)<sup>34</sup>. Mind along with 10 *Indriyas* (5 motor & 5 sense organs) is conceived to have been derived from *Sattvika* (*Vaikaarika*) *Ahankara* with the help of *Taijasa* (*Rajasa*) *Ahankara*. *pancabhutas* on the other hand are



evolved from *panchatanmatras*, which are evolved from *bhutadi (Tamasa) Ahankara* with the help of *Taijasa Ahankara*. Thus Mind is *Ahankarika* and hence non *Bhoutika*. Charaka's<sup>35</sup> and also of Kanyasa,<sup>36</sup> description of cosmic evolution gives a cause for speculation as it conceives the concept of evolution of *panchabhutas* from *Ahankara*, counting *Bhutas* among *Ashtha Prakriti* and *Manah* among *Shodasha Vikriti*.<sup>37</sup> However, there is no substantiating proof here that mind is *Bhoutika*, because the exact sequence of evolution linking *Prakriti- Vikriti* in Charaka is conspicuously missing. Further according to one view the term '*Khadini*' used by Charaka in this context refers to *Sukshma Bhutas* or *Tanmatras* and not *Panchabhutas*.<sup>38</sup>

### INDRIYATVA & BHOUTIKATVA

Another reason why mind is linked with *Bhoutikatva* is that both Charaka<sup>39</sup> and Sushruta<sup>40</sup> have accepted *Bhoutikatva* of sense faculties (*Indriyas*), and mind is considered an *Indriyan* by Chakrapani<sup>41</sup>. The usage '*Manahshashatanindriyani*' is seen both in *Kashyapa Samhita*<sup>42</sup> and *Bhagavad Gita*<sup>43</sup>. There is a reference in Atharvaveda which mentions *Panchendriyani Manahshashatani*<sup>44</sup> Charaka has described sweet taste as *shadindrya prasadana*<sup>45</sup> Kashyapa calls mind, eye and ear '*Viprakrishtasattvinit*'<sup>46</sup> (organs of

extended perceptive capability). *Tarkasangraha* has called mind as *Indriyam*, which brings about direct internal cognition like happiness (*sukhadi*). Mind however has always found a distinct place in Ayurveda literature particularly with reference to *Indriyatva*. It is called '*Atindriya*' (Super sensual),<sup>47</sup> and considered to be *Indriyanhigraha*<sup>48</sup> *Indriyadhisthayaka*<sup>49</sup> (all denoting "controller of senses") and '*Cheshtapratyabhuta*'<sup>50</sup> (cause of the activities of *Indriyas*). Charaka, Kashyapa and vaghghata hold that *Indriyas* can perceive their respective objects only in the presence of mind.<sup>51</sup> Further there are innumerable references where both mind and sense faculties are mentioned side by side in the same verse. In this context Dr. Das Gupta's observations are worth noting "Though both *Samkhya* and *Vaisheshika* systems to which *Ayurveda* is largely indebted for its philosophical ideas, admit *Manah* or mind organ as a separate sense (*Indriya*), *Ayurveda* here differs from them". *Samkhya* has considered the trio of *Buddhi*, *Ahankara* and *Mana* as '*Antahkaranas*' (Internal organs), and ten *Indriyas* (5 Sensory & 5 motor organs) as *Bahyakaranas* (external organs). These external organs are considered objects of internal organs. The external organs can function only in relation to present, but the internal organs function throughout the three phases of time- past, present and



future. Thus the former are likened to gatekeepers (*DWARI*) and the latter to doors (*DWARA*) themselves.<sup>52</sup> Thus a clear distinction has been made out between mind and sense faculties in *Samkhya* School. It is interesting to note that Charaka does not include mind among *panchendriyas*. commenting on this Chakrapani says that mind differs from the ordinary senses by reason of fact that it has many functions which are not possessed by any of the other senses and hence it is not considered among senses.<sup>53</sup> Thus it appears *Ayurveda* has considered mind as a super sensual organ, beyond perceptive capability of ordinary sense organs, but one which works in close proximity to regulate, co-ordinate and control the activities of organs of senses. *Bhoutikatva* as applied to senses and it cannot be enforced on mind. The usage 'in fact seems to have a hidden agenda. *Bhoutikatva* here refers to *Indryadhishthana* (seat of senses) and not senses in true sense. The eye, ear etc. which are considered *Indriyas* in general are in fact seats of *Indriyas* and not *Indriyas* proper. These seats are gross and visible and it appears *Bhoutikanidryani* is applied to these seats of *Indriyas* because '*Indriyas*' are too subtle to be visualized. Charaka's statement is clear -*Eaireva tavaadiindriyaih pratyakshamupalabhyate tanyeva santi apratyakasanii*<sup>54</sup> Cakrapani's observation

on Charaka's concept of *panchendriyas* makes some sense. "The sense faculties are not to be taken in their gross sense. Although eyes as such are two, the visual sense faculty is only one"<sup>55</sup> Thus it's clear that *Indriyatva* and *Bhoutikatva* are not identical. By calling *Indriyas Bhoutika* and considering mind as *Indriya*, there is another indirect indication for conceding *Bhoutikatva* of mind. Thus in *Ayurveda Bhoutikatva* for mind is neither accepted nor denied.

*Ayurveda* considers food (*Anna*) as *Panchabhoutika*. *Chandagyopanisad* calls mind as '*Annamaya*'<sup>56</sup> (made of food) and considers that the fine and tenuous fraction of food constitutes mind<sup>57</sup>. *Tattariya Upanishad* states *Anna* as *Brahman*<sup>58</sup> and according *Mundaka Upanishad* seven *Pranas* (Vital energies) originate from *Brahma*<sup>59</sup> and Mind is counted one among those seven<sup>60</sup>. Hence mind is said to be born out of *Brahman* or *Anna*<sup>61</sup> living beings (*Bhutani*) are said to be born of and live out of *Anna* only. Interestingly Charaka also states that living being is a product of *Ahara*<sup>62</sup>. Manu states 'Wholesome food purifies mind'. *Bhagavad Gita* has classified food into three types based on predominance of *Sattvika*, *Rajasa* and *Tamasa* nature<sup>63</sup>. All these references tend to assign *Bhoutikatva* to mind if viewed superficially. However if one looks at this comprehensively instead of studying it in



parts, it would give a clear picture of the relationship between the food and mind. Shankara accepts the *Bhoutikatva* based on the fact that mind is made up of food (*Annamayayam hi soumya manah*). The illustration here quotes Swetaketu, the disciple losing his memory of *Vedic* lessons, after a fasting extending to a period of 15 days and recouping the memory after being fed properly. Memory being the function of mind, here it is concluded that, mind is *Annamaya*. This does not in any way accord *Bhoutikatva* to mind, but emphasizes the role of *Anna*, as an important agent influencing the psychological functions such as memory. *Visishthadwatinis* however refute Shankara's statement, According to them *Annamayayam*, refers only to nourishing quality and that it shall not accord any *Bhoutikatva* to mind <sup>64</sup>.

The use of physical / *Bhoutika* agents like drugs to modulate psychic function or treat psychological ailments, is based on a similar principle. It would be worthwhile referring Charaka's description of *Vata* in *Vatakalakaliya* chapter of *Sutrasthana*. *Vata* is described as incorporeal (*Asanghata*) unstable (*Anavasthita*) and inaccessible (*Anasadhya*)<sup>65</sup> and how that is it's influenced by material substances (like *Ghee (GHRITAM)* and *Til Oil (TAILA)*) which are described as anti *Vata (Vatahara)*, was the query put forth by one of disciples. Atreya answers "The factors

which influence *Vata* in fact induce/ promote such attributes of the tissue components in the body."<sup>66</sup> The inference here is that *Vata* (a biophysical force) though is incorporeal, unsteady and seemingly inaccessible, is closely linked with some material/structural factors of the body which are susceptible to be influenced by substances-*Anna* and *ousnadha* which are homologous or otherwise to their structure/ function. "*Annamayam hi soumya manah*" if viewed in this angle reveals the very idea behind the concept.

To conclude the term '*Dravya*' cannot be equated to substance or matter as defined in the modern science. '*Dravya*' is a weird usage which cannot have one to one co-relation in modern sense of the term. *Dravyatva* and *Bhoutikatva* hence are two different entities and *Ayurveda* has clearly differentiated the two. In *Ayurveda* "*Dravyatva*" for mind has been accepted in no uncertain terms, but there is some ambiguity about the *Bhoutikatva* aspect of mind. *Bhoutikatva* is immensely linked to *Indriyatvam* nature of mind which in itself is a subject for wider debate. Hence *Bhoutikatvam* for mind is neither clearly accepted nor succinctly denied. Western School of medicine is divided over the issue. Clear perception on mind's matter v/s non matter continues to elude the western thinkers and remains an unsolved puzzle.



### Referance :

- 1-2 अचेतनं क्रियावच्च मनश्चेतयिता परः ।युक्तस्य मनसा तस्य निर्दिश्यन्ते विभोः क्रियाः ६१५६ तनावान् यतश्चात्मा ततः कर्ता निरुच्यते । अचेतनत्वाच्च मनः क्रियावदपि नोच्यते ।  
(Caraka Sharira 1/75&76)
- 3 मनःपुरःसराणीन्द्रियाण्यर्थग्रहणसमर्थानि भवन्ति ।  
(Caraka Sutra 8/7)
- 4 चक्षुरादिभ्यो विशिष्टेन धर्मेण मनो दर्शयति— अतीन्द्रियमित्यादि । अतिक्रान्तमिन्द्रियमतीन्द्रियं य चक्षुरादीनां यदिन्द्रियत्वं बाह्यज्ञानकारणत्वं, तदतिक्रान्तमित्यर्थः यद्यपि मनोऽपि सुखादिज्ञानं प्रति कारणत्वेनेन्द्रियं, तथाऽपीन्द्रियचक्षुराद्यधिष्ठायकत्वविशेषादतीन्द्रियमित्युक्तं यदि वाऽतीन्द्रियमिति चक्षुरादिभ्योऽप्यतीन्द्रियेभ्यः सूक्ष्मतरं, दुरवबोधात् । सत्त्वमित्येषा सञ्ज्ञा यस्य तत्तथा । चेत इत्याहुरेक इति परमतस्याप्रतिषेधात् स्वयमप्यनुमतम् । पर्यायकथनं शास्त्रे व्यवहारार्थम् । तदिति मनः, अर्थो (अथवातस्यार्थो इति पाठः) मनोऽर्थः, स च सुखादिश्चिन्त्यविचार्यादिश्च, आत्मा चेतनप्रतिसन्धाता, अनयोः सम्पत् तदर्थान्तरसम्पत्, एतदायत्ता चेष्टा व्यापारो यस्य तत्तथाय तत्रार्थसम्पत् सुखादीनां सन्निकर्षश्चिन्त्यादीनामाभिमुख्यं च, आत्मसम्पदर्थग्रहणे प्रयत्नशालित्वं, मनश्चेष्टा च सुखादिज्ञानं तथा चिन्त्यचिन्तनादि तथा चक्षुरादीन्द्रियप्ररणं च । इन्द्रियाणां चक्षुरादीनां या चेष्टा स्वविषयरूपादिज्ञानलक्षणा, तत्र प्रत्ययभूतं कारणभूतं मन इति योज्यम् । एतेनैतदुक्तं भवति— यदा सुखादयश्चिन्त्यादयोऽपि विषया भवन्त्याऽऽत्मा च प्रयत्नवान् भवति तदा मनः स्वविषये प्रवर्तते, इन्द्रियाणि चाधितिष्ठति, इन्द्रियाणि च मनोऽधिष्ठितान्येव स्वविषयज्ञाने प्रवर्तन्ते । (Cakrapani& Caraka Sharira 8/4)
- 5 मनोबुद्धिरहन्कारः चित्तं कारणमन्तरम् । संशयो निश्चयो गर्वः स्मरणं विषया इमे इत्यनेन चतुर्विधमन्तः करणम् ।  
(Vedanta Sara pp13)
- 6 लक्षणं मनसो ज्ञानस्याभावो भाव एव च । सति ह्यात्मेन्द्रियार्थानां सन्निकर्षे न वर्तते ।।  
(Caraka Sharira 1/18)
- 6 A ज्ञानस्याभावो भावश्च मनसो लक्षणम्  
(Kashyapa Sutra pp 67)
- 6 B युगपज्ज्ञानानुत्पत्तिर्नसो लिङ्गम् ।  
(Nyaya Darshana 1&1&16)
7. अव्यक्तमात्मा क्षोत्रज्ञः शाश्वतो विभुरव्ययः द्यतस्माद्यदन्यत्तद्व्यक्तं, वक्ष्यते चापरं द्वयम् ॥६१॥ व्यक्तमैन्द्रियकं चोव गृह्यते तद्यदिन्द्रियैःद्यतोऽन्यत् पुनरव्यक्तं लिङ्गग्राह्यमतीन्द्रियम् ॥६२॥ Caraka Sharira 1/61&62
- 7A अचेतनं क्रियावच्च मनश्चेतयिता परः ।युक्तस्य मनसा तस्य निर्दिश्यन्ते विभोः क्रियाः ॥७५॥ चेतनावान् यतश्चात्मा ततः कर्ता निरुच्यते ।अचेतनत्वाच्च मनः क्रियावदपि नोच्यते ॥७६॥ Caraka Sharira 1/ 75&76
- 8 वैवृत्यान्मनसो ज्ञानं सान्निध्यात्तच्च वर्तते । अणुत्वमथ चौकत्वं द्वौ गुणौ मनसः स्मृतौ ॥ (Caraka Sharira 1/19)
- 9 खादीन्यात्मा मनः कालो दिशश्च द्रव्यसङ्ग्रहः । सेन्द्रियं चेतनं द्रव्यं, निरिन्द्रियमचेतनम् ।  
(Caraka Sutra 1/48)
10. गुणवृद्ध्याऽवस्थितानि महाभूतानि दिगात्मा मनः कालश्च द्रव्याणि । (Kashyapa Sutra pp 67)
11. मनो मनोर्थो बुद्धिरात्मा चेत्यध्यात्मद्रव्यगुणसङ्ग्रहः शुभाशुभप्रवृत्तिनिवृत्तिहेतुश्च, द्रव्याश्रितं च कर्मय यदुच्यते क्रियेति ॥ (Caraka Sutra 8/13)
12. चिन्त्यं विचार्यमूह्यं च ध्येयं सङ्कल्पमेव च । यत्किञ्चिन्मनसो ज्ञेयं तत् सर्वं ह्यर्थसञ्ज्ञकम् ॥  
(Caraka Sharira 1/20)
13. पञ्चमे मनः प्रतिबुद्धतरं भवति, षष्ठे बुद्धिः, सप्तमे सर्वाङ्गप्रत्यङ्गविभागः प्रव्यक्ततरः अष्टमेऽस्थिरीभवत्योजः १८, तत्र जातश्चेन्न जीवेन्नरोजस्त्वान्नैरृतभागत्वाच्च १९, ततो बलिं मांसौदनमस्मै दापयेत्य नवमदशमैकादशद्वादशानामन्यतमस्मिञ्जायते, अतोऽन्यथा विकारी भवति द्यद्य३०द्यमातुस्तु खलु रसवहायां नाड्यां गर्भनाभिनाडीप्रतिबद्धा, साऽस्य मातुराहाररसवीर्यमभिवहति द्यतेनोपस्नेहेनास्याभिवृद्धिर्भवति । असञ्जाताङ्गप्रत्यङ्ग— प्रविभागमानिषेकात् २०, प्रभृति सर्वशरीरावयवानुसारिणीनां रसवहानां तिर्यग्गतानां धमनीनामुपस्नेहो जीवयति ॥३१॥ गर्भस्य खलु सम्भवतः पूर्वं शिरः सम्भवतीत्याह शौनकः, शिरोमूलत्वात् २१, प्रधानेन्द्रियाणां २२, य हृदयमिति कृ तवीर्या, बुद्धेर्मनसश्च स्थानत्वात् नाभिरिति पाराशर्यः, ततो हि वर्धते देहो देहिनः य पाणिपादमिति मार्कण्डेयः, तन्मूलत्वाच्चेष्टाया गर्भस्य मध्यशरीरमिति सुभूतिर्गौतमः, तन्निबद्धत्वात् सर्वगात्रसम्भवस्य द्यतत्तु न सम्यक्,



सर्वाण्यङ्गप्रत्यङ्गानि युगपत् सम्भवन्तीत्याह धन्वन्तरिः, गर्भस्य सूक्ष्मत्वान्नोपलभ्यन्ते वंशाङ्कुरवच्चूतफलवच्चय तद्यथा चूतफले परिपक्वे केशरमांसास्थिमज्जानः पृथक् पृथग्दृश्यन्ते कालप्रकर्षात्, तान्येव तरुणे नोपलभ्यन्ते सूक्ष्मत्वात् तेषां सूक्ष्माणां केशरादीनां कालः प्रव्यक्ततां करोति एतेनैव वंशाङ्कुरोऽपि व्याख्यातः द्यएवं गर्भस्य तारुण्ये सर्वेष्वङ्गप्रत्यङ्गेषु सत्स्वपि सौक्ष्म्यादनुपलब्धिः, तान्येव कालप्रकर्षात् प्रव्यक्तानि भवन्ति ॥३२॥

(Sushruta Sharira 3/30 32)

14. तमेवमुक्तवन्तमग्निवेशं भगवान् पुनर्वसुरात्रेय उवाच— पूर्वमुक्तमेतदगर्भावक्रान्तौ यथाऽयमभिनिर्वर्तते कुक्षौ, यच्चास्य यदा सन्तिष्ठतेऽङ्गजातम् । विप्रतिवादास्त्वत्र बहुविधाः सूत्रकृतामृषीणां सन्ति सर्वेषां य तानपि निबोधेच्यमानान्— शिरः पूर्वमभिनिर्वर्तते कुक्षाविति कुमारशिरा भरद्वाजः पश्यति, सर्वेन्द्रियाणां तदधिष्ठानमिति कृत्वाय हृदयमिति काङ्कयानो बाहलीकभिषक्, चेतनाधिष्ठानत्वात् नाभिरिति भद्रकाप्यः, आहारागम इति कृत्वाय पक्वाशयगुदमिति भद्रशौनकः, मारुताधिष्ठानत्वात् हस्तपादमिति बडिशः, तत्करणत्वात् पुरुषस्य इन्द्रियाणीति जनको वैदेहः, तान्यस्य बुद्ध्यधिष्ठानानीति कृत्वाय परोक्षत्वादचिन्त्यमिति मारीचिः कश्यपः य सर्वाङ्गाभिनिर्वृत्तिर्युगपदिति धन्वन्तरिः य तदुपपन्नं, सर्वाङ्गानां तुल्यकालाभिनिर्वृत्तत्वाद् हृदयप्रभृतीनाम् । सर्वाङ्गानां ह्यस्य हृदयं मूलमधिष्ठानं च केषाञ्चिद्भावानाम्, न च तस्मात् पूर्वाभिनिर्वृत्तिरेषां तस्माद् हृदयप्रभृतीनां सर्वाङ्गानां तुल्यकालाभिनिर्वृत्तिः, सर्वे भावा ह्यन्योन्यप्रतिबद्धाः य तस्माद्यथाभूतदर्शनं साधु ? (Caraka Sharira 6/21)
15. यथाक्रममुत्तराण्यह— पूर्वमित्यादि ।— पूर्वमुक्तमिति यच्चास्य यदा सन्तिष्ठतेऽङ्गजातं तदपि गर्भावक्रान्तौ एवमस्य युगपदिन्द्रियाण्यङ्गावयवश्च यौगपद्येनाभिनिर्वर्तन्तेऽन्यत्र तेभ्यो भावेभ्यो येऽस्य जातस्योत्तरकालं जायन्ते (शा. ४) इत्यादिना ग्रन्थेनोक्तम् । यद्यपि कथमभिनिर्वर्तते कुक्षौ इति नेह पृष्टं, तथाऽप्यभिनिर्वृत्तिक्रमोपदर्शनेन किन्तु खलु गर्भस्याङ्गं पूर्वमभिनिर्वर्तते इति प्रश्नस्य यथोक्तोत्पादक्रमोपदर्शनादुत्तरत्वं भवतीति मत्त्वोक्तं (अथवा मन्वानेन इति पाठः !)— उक्तमेतदगर्भावक्रान्तौ यथाऽयमभिनिर्वर्तते कुक्षाविति । उक्तामपि युगपदङ्गाभिनिर्वृत्तिं मतान्तरोद्धारण स्थिरीकर्तुमाह— विप्रतिवादास्त्वत्रेत्यादि । पक्वाशयश्च गुदं चेति

पक्वाशयगुदं किंवा पक्वाशयसमीपस्थं गुदं पक्वाशयगुदम् । (अथवा पक्वगुदं इति पाठः !), उत्तरगुदमित्यर्थः । इन्द्रियाणीति इन्द्रियाधिष्ठानानि नयनगोलकादीनि । तदुपपन्नमिति धन्वन्तरिवचनमुपपन्नम्य अत्र हेतुमाह— सर्वाङ्गानामित्यादिना हृदयप्रभृतीनामित्यन्तेन । अत्र च प्रतिज्ञाहेत्वोरेकत्वं नाशङ्कनीयं धन्वन्तरिवचनमुपपन्नमिति प्रतिज्ञा, तदभिहितार्थस्य युगपदङ्गाभिनिर्वृत्तिरूपस्य सिद्धत्वादिति हेत्वर्थः प्रतिज्ञार्थाद्धिन्न एव । ये तु तुल्यकालाभिवृद्धत्वात् (अथवा तुल्यकालाभिनिर्वृत्तत्वात् इति पाठः ! ) इति पठन्ति, तेषां हेत्वर्थो व्यक्त एव । येन, उत्तरकालमपि सर्वाङ्गानां युगपद्वृद्धिदर्शनं । (अथवा युगपद्वृद्धिदर्शनात् इति पाठः) समानकालवर्धमानानां फलानामिव समानकालमेव जन्मानुमीयते, असमानकालजातानां हि न समानकाला समा वृद्धिर्भवति । पूर्वेषां । (अथवा पूर्वपक्षिणां इति पाठः) मतानि हृदयपूर्वाभिनिर्वृत्तिदूषणेनैव समानन्यायादूषयन्नाह— सर्वाङ्गानां ह्यस्येत्यादि । मूलमिव मूलं, तदुपघातेन सर्वाङ्गोपघातात् । अधिष्ठानमिति आश्रयः । तत्रौजःप्रभृतीनामधिष्ठानं हृदयं भवति न च तस्मात् पूर्वाभिनिर्वृत्तिरिति न च तथाविधमूलत्वान्नाप्यधिष्ठानत्वाच्च पूर्वाभिनिर्वृत्तिर्भवति । यदि हि मूलं कारणमिति मतं स्यात्, तदा कार्येभ्योऽङ्गोभ्यः प्राक् हृदयं स्यादपि न चेहाङ्गानां हृदयं कारणं किन्तु प्रधानं, प्राधान्यं च तदुपघातेन सर्वोपघातादिति । यश्चाप्याश्रयाश्रयिभावः, स चापि सहोत्पन्नत्वादेव हृदयमाश्रयि तदाश्रितौजःप्रभृतीनां भवतीति भावः । तदेवं चेद् हृदस्य प्रधानस्यापि पूर्वोत्पादो नास्ति, तदा शिरःप्रभृतीनामपि पूर्वोत्पादो नास्त्येवेति कृत्वोपसंहरन्नाह— तस्मादित्यादि । युगपदभिनिर्वृत्तौ हेत्वन्तरमाह— सर्वभावा हीत्यादि । भावा इति शारीरा भावाः । अन्योन्यप्रतिबद्धा इति यस्मात् सर्वभावाः परस्परप्रतिबद्धा एव सिरास्नाय्यादिभिर्जायन्ते, तेन समाननिबन्धनत्वाद् युगपदेव भवन्ति । यथाभूतदर्शनमिति यथार्थदर्शनं, तच्च धन्वन्तरिमतमेव ।

(Cakrapani & Caraka Sharira 6/21)

16. तस्य तदनन्तरं तत्प्रथमं प्रतिपद्यते । तस्मात्तस्य शिरः प्रथमं पुनर्वसुरात्रेयः प्रतिपद्यते । तदस्य गुरुतरं भवतीति । अथ खलु वृक्को मेदो गुरुरितिसंप्रवृद्धौ परस्परमभिवर्धयन्ति । (Bhela Sharira 4/30)
17. शरीरं सत्त्वसज्जं च व्याधीनामाश्रयो मतः । तथा सुखानां, योगस्तु सुखानां कारणं समः ॥ (Caraka Sutra 1/55)



18. त्रिविधं खलु सत्त्वं— शुद्धं, राजसं, तामसमितिद्यतत्र शुद्धमदोषमाख्यातं कल्याणांशत्वात्, राजसं सदोषमाख्यातं रोषांशत्वात्, तामसमपि सदोषमाख्यातं मोहांशत्वात् तेषां तु त्रयाणामपि सत्त्वानामेकैकस्य भेदाग्रमपरिसङ्ख्येयं तरतमयोगाच्छरीरयोनिविशेषेभ्यश्चान्योन्यानुविधानत्वाच्चद्य शरीरं ह्यपि सत्त्वमनुविधीयते, सत्त्वं च शरीरम्यतस्मात् कतिचित्सत्त्वभेदाननूकाभिनिर्देशेन निदर्शनार्थमनुव्याख्यास्यामः ॥३६॥  
Caraka Sharira 4/36  
कल्याणांशत्वादिति शुभरूपांशत्वात् ख१, द्य मनो हि कल्याणभाग—रोषभाग—मोहभागैस्त्रिभाग्यं तत्र रोषांशमोहांशौ सदोषौ, अधर्महेतुतयाद्य भेदाग्रमिति भेदप्रमाणम्य तरतमयोगादिति शुचितर—शुचितममनोभेदयोगात्त्य शरीरविशेषा बाल—युव—स्थविरादिविशेषाः, योनिविशेषास्तु मनुष्यपश्वादिजातिविशेषाः य किंवा, शरीरस्य नरपश्वादिजातिकृता विशेषाः शरीरयोनिविशेषाः, तेभ्यःद्य अथ शरीरभेदात् कथं मनोभेदो भवतीत्याह— अन्योन्यानुविधानाच्चद्य एतदेव विभजते— शरीरं ह्यपीत्यादिद्य सत्त्वानुरूपं शरीरं भवति, यदि शुद्धसत्त्वं भवति तदा देवादिशरीरं भवतीत्यादिय तथा शरीरानुरूपं च सत्त्वं भवति यथा— पशुशरीरे तामसं, मनुष्यशरीरे राजसं, देवशरीरे सात्त्विकमित्यादि ज्ञेयम्य किंवा, अन्योन्यानुविधानादिति सत्त्वरजस्तमसां परस्परांनुविधानादित्यर्थःद्य अस्मिन् पक्षे 'शरीरं ह्यपि सत्त्वमनुविधीयते' इत्यादिना ग्रन्थेन व्यवहितमपि शरीरानुविधानं मनसो दुर्बोधत्वाद् व्याक्रियत इति व्याख्येयम्य सत्त्वभेदानिति मनोभेदान्द्य अनूकाभिनिर्देशेन सादृश्यनिर्देशेन ॥३६॥ आयुर्वेददीपिका व्याख्या (चक्रपाणिदत्त कृत) Cakrapani Caraka Sharira 4/36
- 19 अचेतनं क्रियावच्च मनश्चेतयिता परः । युक्तस्य मनसा तस्य निर्दिश्यन्ते विभोः क्रियाः ॥७५॥ चेतनावान् यतश्चात्मा ततः कर्ता निरुच्यते । अचेतनत्वाच्च मनः क्रियावदपि नोच्यते ॥७६॥ Caraka Sharira 1/75 & 76
- 20 खादयश्चेतनाषष्ठा धातवः पुरुषः स्मृतः ।  
चेतनाधातुरप्येकः स्मृतः पुरुषसञ्ज्ञकः ॥७६॥  
Caraka Sharira 1/16
- 21 तत्र द्रव्याणि, पृथिव्यप्तोजोवाय्वाकाशकालदिगात्ममनांसिनवैव Tarka Sangraha 3/2/6
- 22 पृथिव्यापस्तेजो वायुराकाशं कालो दिगात्मा मन इति द्रव्याणि । Vaisheshika Darshana 1/1/5
- 23 पृथिवी सलिलं तेजःपवमानःतमसस्तथा ।  
व्योमकालदिगात्मानो मनः शब्द इति क्रमात्  
एकदशविधं चौतत् कुमारिलमते मतम् ।  
यथाशास्त्रं विधस्यामस्तत्स्वरूप निरूपणम् ।  
Manameyodaya pp153
- 24 खादीन्यात्मा मनः कालो दिशश्च द्रव्यसङ्ग्रहः ।  
सेन्द्रियं चेतनं द्रव्यं, निरिन्द्रियमचेतनम् ॥  
Caraka Sutra 1/48
25. मनो मनोर्थो बुद्धिरात्मा चेत्यध्यात्मद्रव्यगुणसङ्ग्रहः शुभाशुभप्रवृत्तिनिवृत्तिहेतुश्च, द्रव्याश्रितं च कर्मय यदुच्यते क्रियेति ।  
Caraka Sutra 8/13
- 26 गुणवृद्ध्याऽवस्थितानि महाभूतानि दिगात्मा मनः कालश्च द्रव्याणि । Kashyapa Sutra pp 67
- 27 आत्मशरीरेन्द्रियार्थबुद्धिमनःप्रवृत्ति दोष प्रेत्यभावफल दुःखापवर्गाः तु प्रमेयम् । Nyaya Sutra 1-1-9
- 28 यत्राश्रिताः कर्मगुणाः कारणं समवायि यत् ।  
तद्द्रव्यं समवायी तु निश्चेष्टः कारणं गुणः ॥  
Caraka Sutra 1/51
- 29 30 खादीन्यात्मा मनः कालो दिशश्च द्रव्यसङ्ग्रहः ।  
सेन्द्रियं चेतनं द्रव्यं, निरिन्द्रियमचेतनम् ॥४८॥  
Caraka Sutra 1/48
31. द्रव्यलक्षणमाह— यत्रेत्यादि । यत्राश्रिता यत्र समवेताः, कर्म च गुणाश्च कर्मगुणाः । कारणं समवायि यदिति समवायि कारणं यत्, द्रव्यमेव हि द्रव्यगुणकर्मणां समवायिकारणम् । समवायिकारणं च तद् यत् स्वसमवेतं कार्यं जनयति य गुणकर्मणी तु न स्वसमवेतं कार्यं जनयतः, अतो न ते समवायिकारणे । एतत्कर्मवत्त्वं हि द्रव्यस्य गुणादिपञ्चपदार्थव्यावृत्तिमात्रलक्षणकथनं, न तु सजातीयव्यापकविजातीयव्यावर्तकलक्षणकथनं येन कर्मसमवायो नाकाशादीनां वर्तते (अथवा विद्यते इति पाठः !), तेन लक्षणानुगतं (अथवा लक्ष्यार्थ इति पाठः !) विजातीयव्यावृत्तं द्रव्यस्य लक्षणं गुणवत्त्वं समवायिकारणत्वं च बोद्धव्यम् । यदु(त्तू)त्पन्नमात्रं द्रव्यं प्रथमक्षणे निर्गुणं, तदपि द्वितीयक्षणावश्यम्भाविगुणवत्तया तद्योग्यत्वाद्गुणवदेवेति मन्तव्यम् । वैशेषिकेऽप्युच्यते— क्रियावद्गुणवत् समवायिकारणं द्रव्यम् (वै.द.अ.१सू.१५) इति । तत्रापि च यथेह व्याख्यातं तथैव व्याख्यातम्



- घुणलक्षणमाह— समवायीत्यादि । समवायीति समवायाधेयः य तेन व्यापकद्रव्येभ्यो निष्क्रियेभ्य आकाशादिभ्यो गुणस्य व्यावृत्तिः य नह्याकाशादयः समवायाधेयाः । निर्गतश्चेष्टायाः निश्चेष्टः य चेष्टानिर्गत्या चेह चेष्टाशून्यत्वं तथा चेष्टाव्यतिरिक्तत्वं चोच्यते य तेन चेष्टारूपात् कर्मणो व्यावृत्तिः, तथा क्रियाधारत्वयोगेभ्यो मूर्तद्रव्येभ्यो व्यावृत्तिः सिद्धाय गुणस्य कारणमित्यनेन चाकारणेभ्यः सामान्यविशेषसमवायेभ्यो व्यावृत्तिः सिद्धा । कारणत्वं तु विभुद्रव्यपरिमाणान्यावयविरूपादिषु लक्षणीयेषु गुणेषु नास्ति, तेन भागासिद्धं लक्षणं स्यात्, अतः कारणत्वेनेह भावरूपकारणाव्यभिचारि सामान्यवत्त्वं लक्षणतया (अथवा लक्षणया इति पाठः ! ) कारणत्वयोग्यत्वमस्त्येवेति न भागासिद्धता कारणत्वस्य किंवा योगिप्रत्यक्षज्ञानहेतुतया विभुद्रव्यपरिमाणादीनामपि कारणत्वं बोद्धव्यम् । एवम्भूतं च कारणत्वं यद्यपि सामान्यादिष्वपि (अथवा सामान्यादिषु केचिदनुमन्यन्ते इति पाठः ! ) क्वचिदनुगम्यते, तथाऽपि समवायी तु इति पदेन समवायाधारता तथा समवायाधेयता च युगपद्विपक्षिताय तेन समवायकेवलाधारस्य विभुद्रव्यस्य तथा समवायकेवलाधेयस्य सामान्यादेश्च व्युदासः सिद्धो भवति ॥११॥ (Cakrapani & Caraka Sharira 1/51)
- 33 गुणा गुणाश्रया नोक्तास्तस्माद्रसगुणान् भिषक् । विद्याद्भव्यगुणान् कर्तुरभिप्रायाः पृथग्विधाः ॥३६॥ (Caraka Sutra 26/36)
34. तस्मादव्यक्तान्महानुत्पद्यते तल्लिङ्ग एव द्यतल्लिङ्गाच्च महतस्तल्लक्षण एवाहङ्कार उत्पद्यतेय स ख, त्रिविधो वै कारिकस्तै जसो भूतादिरिति द्यतत्र वैकारिकादहङ्कारात्तैजससहायात्तल्लक्षणान्येवैकादेशेन्द्रियाण्युत्पद्यन्ते, तद्यथा श्रोत्रत्वक्चक्षुर्जिह्वाघ्राणवाग्धस्तोपस्थापायुपादमनांसीतिय तत्र पूर्वाणि पञ्च बुद्धीन्द्रियाणि, इतराणि पञ्च कर्मेन्द्रियाणि, उभयात्मकं मनः य भूतादेरपि तैजससहायात्तल्लक्षणान्येव पञ्चतन्मात्राण्युत्पद्यन्ते—शब्दतन्मात्रं, स्पर्शतन्मात्रं, रूपतन्मात्रं, रसतन्मात्रं, गन्धतन्मात्रमितिय तेषां विशेषाः—शब्दस्पर्शरूपरसगन्धाः य तेभ्यो भूतानि—व्योमानिलानलजलोर्व्यय एवमेषा तत्त्वचतुर्विंशतिर्व्याख्याता ॥४॥ (Sushruta Sharira 1/4)
- 35 जायते बुद्धिरव्यक्ताद्बुद्ध्याऽहमिति मन्यते । परं खादीन्यहङ्कारादुत्पद्यन्ते यथाक्रमम् ॥६६॥ (Caraka Sharira 1/66)
- 36 समुदयकारणं तु ब्रूमः । अव्यक्तान् महान् महतोऽहङ्कारः अहङ्कारात् खादीनि । अतीन्द्रियं तु मनः इत्येते षोडश विकाराः । (Kashyapa Sutra pp 67)
- 37 खादीनि बुद्धिरव्यक्तमहङ्कारस्तथाऽष्टमः । भूतप्रकृतिरुद्दिष्टा विकाराश्चौव षोडश ॥६३॥ बुद्धीन्द्रियाणि पञ्चौव पञ्च कर्मेन्द्रियाणि च । समनस्काश्च पञ्चार्थाविकारा इति सज्ज्ञताः ॥६४॥ (Caraka Sharira 1/63-64)
- 38 Satyapal Gupta & Psychopathology in Indian medicine pp89
39. अतीन्द्रियं पुनर्मनः सत्त्वसज्ज्ञकं, चेतः इत्याहुरेके, तदर्थात्मसम्पदायत्तचेष्टं चेष्टाप्रत्ययभूतमिन्द्रियाणाम् (Caraka Sutra 8/4)
- 40 यतोऽभिहितं— “तत्सम्भवद्रव्यसमूहो भूतादिरुक्तः” भौतिकानि चेन्द्रियाण्यायुर्वेदे वर्णयन्ते, तथेन्द्रियार्थाः ॥१४॥ (Sushruta Sharira 1/14)
41. चक्षुरादिभ्यो विशिष्टेन धर्मेण मनो दर्शयति अतीन्द्रियमित्यादिद्य अतिक्रान्तमिन्द्रियमतीन्द्रियं चक्षुरादीनां यदिन्द्रियत्वं बाह्यज्ञानकारणत्वं, तदतिक्रान्तमित्यर्थः यद्यपि मनोऽपि सुखादिज्ञानं प्रति कारणत्वेनेन्द्रियं, तथाऽपीन्द्रियचक्षुराद्यदिष्ठायकत्वविशेषादतीन्द्रियमित्युक्तं यदि वाऽतीन्द्रियमिति चक्षुरादिभ्योऽप्यतीन्द्रियेभ्यः सूक्ष्मतरं, दुरवबोधात् सत्त्वमित्येषा सज्ज्ञा यस्य तत्तथाद्य चेत इत्याहुरेक इति परमतस्याप्रतिषेधात् स्वयमप्यनुमतम्य पर्यायकथनं शास्त्रे व्यवहारार्थम्य तदिति मनः, अर्थो ख, मनोऽर्थः, स च सुखादिश्चिन्त्यविचार्यादिश्च, आत्मा चेतनप्रतिस्नधाता, अनयोः सम्पत् तदर्थात्मसम्पत्, एतदायत्ता चेष्टा व्यापारो यस्य तत्तथाय तत्रार्थसम्पत् सुखादीनां सन्निकर्षश्चिन्त्यादीनामाभिमुख्यं च, आत्मसम्पदर्थग्रहणे प्रयत्नशालित्वं, मनश्चेष्टा च सुखादिज्ञानं तथा चिन्त्यचिन्तनादि तथा चक्षुरादीन्द्रियप्रेरणं चद्य इन्द्रियाणां चक्षुरादीनां या चेष्टा स्वविषयरूपादिज्ञानलक्षणा, तत्र प्रत्ययभूतं कारणभूतं मन इति योज्यम्य एतेनैतदुक्तं भवतियदा सुखादयश्चिन्त्यादयोऽपि विषया भवन्त्याऽऽत्मा च प्रयत्नवान् भवति तदा मनः स्वविषये प्रवर्तते, इन्द्रियाणि चाधितिष्ठति, इन्द्रियाणि च मनोऽधिष्ठितान्येव स्वविषयज्ञाने प्रवर्तन्ते ॥४॥ (Cakrapani & Caraka Sutra 8/4)
- 42 मनःषष्ठानानिन्द्रियाणां त्रीणि त्रीणि विप्रकृष्टवृत्तीनि । मनः चक्षु श्रोत्रमिति विप्रकृष्टवृत्तीनि, घ्राणं रसनं त्वगिति सन्निकृष्टवृत्तीनि । (Kashyapa Sutra pp 67)





- 43 ममैवांशो जीवलोके जीवभूतः सनातनः ।  
मनः षष्ठान्द्रियाणि प्रकृत्स्थानि कर्षति ।  
(Bhagavad Gita 15/17)
- 44 इमानि यानि पन्वेन्द्रियाणि मनःषष्ठानि मे हृदि बह्वणा  
संशितानि । (Atharvaveda 19/9/5)
- 45 तत्र, मधुरो रसः शरीरसात्म्याद्रस  
रुधिरमांसमेदोस्थिमज्जौजःशुक्राभिवर्धन आयुष्यः  
षडिन्द्रियप्रसादनो बलवर्णकरः पित्तविषमारुतघ्नस्तृष्णा-  
दाहप्रशमनस्त्वच्यः केश्यः कण्ठ्यो बल्यः प्रीणनो  
जीवनस्तर्पणो बृंहणः स्थैर्यकरः क्षीणक्षतसन्धानकरो  
घ्राणमुखकण्ठौष्ठजिह्वाप्रह्लादनो दाहमूर्च्छाप्रशमनः  
षट्पदपिपीलिकानामिष्टतमः स्निग्धः शीतो गुरुश्च । स  
एवङ्गुणोऽप्येक एवात्यर्थमुपयुज्यमानः स्थौल्यं  
मार्दवमालस्यमतिस्वप्नं गौरवमनन्नाभिलाष-  
मग्नेदौर्बल्यमास्यकण्ठयोर्मासाभिवृद्धिं  
शवासकासप्रतिशयायालसकशीत- ज्वरानाहास्यमाध-  
र्युवमथुसज्जास्वरप्रणाशगलगण्डगण्डमालाश्लीपद-  
गलशाफबस्तिधमनीगलोपलेपाक्षयामया-  
भिष्यन्दानित्येवम्प्रभृतीन् कफजान् विकारानुपजनयति (9)  
; (Caraka Sutra 26/42 &1)
46. मनःषष्ठानानिन्द्रियाणां त्रीणि त्रीणि विप्रकृष्टवृत्तीनि ।  
मनः चक्षु श्रोत्रमिति विप्रकृष्टवृत्तीनि, घ्राणं रसनं त्वगिति  
सन्निकृष्टवृत्तीनि । (Kashyapa Sutra pp 67)
47. अतीन्द्रियं पुनर्मनः सत्त्वसज्जकं, चेतः इत्याहुरेके,  
तदर्थात्मसम्पदायत्तचेष्टं चेष्टाप्रत्ययभूतमिन्द्रियाणाम् ।  
(Caraka Sutra 8/4)
- 48 इन्द्रियाभिग्रहः कर्म मनसः स्वस्य निग्रहः ।  
ऊहो विचारश्च, ततः परं बुद्धिः प्रवर्तते । 29 ।  
(Caraka Sharira 1/21)
- 49 अथापीत्यादौ अथशब्दोऽधिकारे, अपिशब्दो विशेषार्थः ।  
तेनाव्यापन्नशुक्रशोणितगर्भाशययोरपि स्त्रीपुंसयोः  
श्रेयःप्रजाजनकगुणाधानार्थं स्नेहादिकर्मकरणमिति दर्शयति ।  
यद्यप्येताविति पदेनैवाधिकृतौ स्त्रीपुंसौ लब्धौ, तथाऽपि  
पुनर्यतः स्त्रीपुंसाविति करोति तेन युगपदेव स्त्रीपुंसौ  
स्नेहनादिवक्ष्यमाणकर्मणा योज्याविति दर्शयति । क्रमेणेति  
पेयादिक्रमेण । स च क्रमो वमने विरेचने च पृथक् पृथक्  
प्रदेशान्तरोक्तक्रमन्यायेन बोद्धव्यः । पुनः संशुद्धौ च इति  
वचनात् सम्यक्शुद्धयोरेवास्थापनानुवासने कर्तव्ये,  
नासम्यक्शुद्धयोरिति दर्शयति । मधुरौषधशब्देन  
सर्वमधुरौषधग्रहणं, मधुरस्य विशेषेण शुक्रवृद्धिकरत्वात्
- अन्ये तु मधुरौषधशब्देन जीवनीयगणमिच्छन्ति । ४ ।  
(Cakrapani& Caraka Sharira 8/4)
- 50 अतीन्द्रियं पुनर्मनः सत्त्वसज्जकं, चेतः इत्याहुरेके,  
तदर्थात्मसम्पदायत्तचेष्टं चेष्टाप्रत्ययभूतमिन्द्रियाणाम् । ४ ।  
(Caraka Sutra 8/4)
- 51 मनःपुरःसराणीन्द्रियाण्यर्थग्रहणसमर्थानि भवन्ति । ७ ।  
(Caraka Sutra 8/7)
- 52 सान्तः करनणाबुद्धिः सर्वं विषयमवगाहते यस्मात् ।  
तस्मात् त्रिविधं करणं द्वारि द्वाराणि शेषिणि । (Sankhya  
karika 35)
53. चक्षुरादिभ्यो विशिष्टेन धर्मेण मनो दर्शयति  
अतीन्द्रियमित्यादिद्य अतिक्रान्तमिन्द्रियमतीन्द्रियं  
चक्षुरादीनां यदिन्द्रियत्वं बाह्यज्ञानकारणत्वं,  
तदतिक्रान्तमित्यर्थः यद्यपि मनोऽपि सुखादिज्ञानं प्रति  
कारणत्वेनेन्द्रियं, तथाऽपीन्द्रियचक्षुराद्यधि-  
ष्ठायकत्वविशेषादतीन्द्रियमित्युक्तं यदि वाऽतीन्द्रियमिति  
चक्षुरादिभ्योऽप्यतीन्द्रियेभ्यः सूक्ष्मतरं, दुरवबोधात्  
सत्त्वमित्येषा सज्जा यस्य तत्तथाद्य चेत इत्याहुरेक इति  
परमतस्याप्रतिषेधात् स्वयमप्यनुमतम्य पर्यायकथनं शास्त्रे  
व्यवहारार्थम्य तदिति मनः, अर्थो र्छ, मनोऽर्थः, स च  
सुखादिश्चिन्त्यविचार्यादिश्च, आत्मा चेतनप्रतिसन्धाता,  
अनयोः सम्पत् तदर्थात्मसम्पत्, एतदायत्ता चेष्टा व्यापारो  
यस्य तत्तथाय तत्रार्थसम्पत् सुखादीनां  
सन्निकर्षश्चिन्त्यादीनामाभिमुख्यं च, आत्मसम्पदर्थग्रहणे  
प्रयत्नशालित्वं, मनश्चेष्टा च सुखादिज्ञानं तथा  
चिन्त्यचिन्तनादि तथा चक्षुरादीन्द्रियप्रेरणं चद्य इन्द्रियाणां  
चक्षुरादीनां या चेष्टा स्वविषयरूपादिज्ञानलक्षणा, तत्र  
प्रत्ययभूतं कारणभूतं मन इति योज्यम्य एतेनैतदुक्तं  
भवतियदा सुखादयश्चिन्त्यादयोऽपि विषया भवन्त्याऽऽत्मा  
च प्रयत्नवान् भवति तदा मनः स्वविषये प्रवर्तते, इन्द्रियाणि  
चाधितिष्ठति, इन्द्रियाणि च मनोऽधिष्ठितान्येव स्वविषयज्ञाने  
प्रवर्तन्ते । ४ । (Cakrapani& Caraka Sutra 8/4)
54. तत्र बुद्धिमान्नास्तिक्यबुद्धिं जहाद्विचिकित्सां च । कस्मात्  
प्रत्यक्षां ह्यल्पम्य अनल्पमप्रत्यक्षमस्ति,  
यदागमानुमानयुक्तिभिरुपलभ्यतेय यैरेव तावदिन्द्रियैः  
प्रत्यक्षमुपलभ्यते, तान्येव सन्ति चाप्रत्यक्षाणि । ७ ।  
(Caraka Sutra 11/7)
- 55 पञ्चेन्द्रियाधिष्ठानानि- अक्षिणी कर्णौ नासिके जिह्वा  
त्वक् चेति । Caraka Sutra 8/10 इन्द्रियाधि-  
ष्ठानमिन्द्रियाश्रयःद्यद्यपिचाक्षिणीकर्णौनासापुटे द्वे



- तथाऽप्येकेन्द्रियाधिष्ठानत्वेनैकमेवेति कृत्वा "पञ्च"  
इत्युक्तम् ॥१०॥ (Cakrapani Caraka Sutra 8/10)
- 56 अन्नमय हि सोम्य मन आपोमयः प्राणस्तेजोमयी वागिति  
भूय एव मा भगवान्विज्ञापयत्विति तथा सोम्येति होवाच ॥४॥
57. अन्नमशितं त्रेधा विधीयते – तस्य स्थविष्टोधातुः तत्पुरीषं  
भवति यो मध्यमः तन्मांसं योऽणिष्टः तन्मनः ।  
(Chandogya Upanishad 6/5/1)
- 58 अन्नं ब्रह्मेति व्यजानात् । अन्नाद्भ्येव खल्विमानि भूतानि  
जायन्ते । अन्नेन जातानि जीवन्ति । अन्नं  
प्रयन्त्यभिसंविशन्तीति । तद्विज्ञाय । पुनरेव वरुणं  
पितरमुपससार । अधीहि भगवो ब्रह्मेति । तं होवाच ।  
तपसा ब्रह्म विजिज्ञासस्व । तपो ब्रह्मेति । स तपोऽतप्यत ।  
स तपस्तप्त्वा । १ । (Taittiriya Upanishad 3/2/1)
- 59 सप्तप्राणाः प्रभवन्ति तस्मात् । (Mundaka Upanishad  
2/1/8)
- 60 सप्तप्राणेषु मनो अन्यतमम् । (Shankara Bashya &  
Mundaka Upanishad 2/1/8)
- 61 एतस्माज्जायते प्राणो मनः सर्वेन्द्रियणि च । (Mundaka  
Upanishad 2/1/3)
- 62 आहारसम्भवं वस्तु रोगाश्चाहारसम्भवाःद्य  
हिताहितविशेषाच्च विशेषः सुखदुःखयोः ॥४५॥ (Caraka  
Sutra 28/45)
- 63 आयुः सत्वबलारोग्य—सुखप्रीतिविवर्धनाः । रस्याः  
स्निग्धाः स्थिरा हृधाआहाराः सात्विकप्रियाः ।  
कटवम्ललवणात्युष्णतीक्ष्णरुक्षविदाहिनः । आहारा  
राजसस्येष्टा दुःखशोकामयप्रदाः । यातयामं गतरसं पूति  
पयुषितं च यत् । उच्छिष्टमपि चामेध्यं भोजनं  
तामसप्रियम् । (Bhagavad Gita 17/7)
- 64 अन्नमयं हि सौम्यमन आपोमयः प्राण इति मनः  
प्राणयोरन्नेनाद् भ्यश्चाप्यायानमुच्यते न तत् । प्रकृतित्वम्  
अहंकारिकत्वान्मनसः । (Shreebhashyam 4/2/3)
- 65 वातकलाकलाज्ञानमधिकृत्य परस्परमतानि जिज्ञासमानाः  
समुपविश्य महर्षयः पप्रच्छुरन्योऽन्यं— किङ्गुणो वायुः,  
किमस्य प्रकोपणम्, उपशमनानि वाऽस्य कानि, कथं  
चौनमसङ्घातवन्तमनवस्थितमनासाद्य प्रकोपणप्रशमनानि  
प्रकोपयन्ति प्रशमयन्ति वा, कानि चास्य कुपिताकुपितस्य  
शरीराशरीरचरस्य शरीरेषु चरतः कर्माणि  
बहिःशरीरेभ्योवेति ॥३॥ (Caraka Sutra 12/3)
- 66 तच्छ्रुत्वा वाक्यं कुमारशिरा भरद्वाज उवाच— एवमेतद्यथा

भगवानाह, एत एव वातगुणा भवन्ति, स  
त्वेवङ्गुणैरेवन्द्रव्यैरेवम्प्रभावैश्च कर्मभिरभ्यस्यमानैर्वायुः  
प्रकोपमापद्यते, समानगुणाभ्यासो हि धातूनां वृद्धिकारणमिति  
॥५॥ तच्छ्रुत्वा वाक्यं काङ्कायनो बाह्लीकभिषगुवाच—  
एवमेतद्यथा भगवानाह, एतान्येव वातप्रकोपणानि भवन्ति  
अतो विपरीतानि वातस्य प्रशमनानि भवन्ति,  
प्रकोपणविपर्ययो हि धातूनां प्रशमकारणमिति ॥६॥

(Caraka Sutra 12/5&6)



## MANAS PRAKRITI (PERSONALITY): ITS IMPACT ON HUMAN BEHAVIOUR

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### ABSTRACT:

*The personality and its impact on human behavior and actions has always attracted the psychiatrists and common people too. The other reason behind discussing this is that it usually proves useful in predicting about certain mental and physical disease conditions in a person on the basis of body and mind constituents. Manas Prakriti is mental disposition of the person. It has become a controversial area for the scholars of Ayurveda. To remove the doubts and controversies about the phenomena, this paper has been written with considerable comparability to the modern concept of personality. The discussion revolves around the understanding of features described in ancient and modern concept of personality based on Trait theory. Conclusion is drawn that practically all personality theories are concerned with traits and there is no controversy about Manas Prakriti. It's only about lack of understanding of terminology. Psychopathologies are also included in Manas Prakriti Concept of Ayurveda.*

**Key words:-** Personality, Prakriti, Mental trait, Ayurveda.

### INTRODUCTION

The term personality is derived from the word 'persona' meaning the aspects of a person's character that they show to other people. It is also referred to the distinctive patterns of behavior including thoughts and emotions that characterize each individual's adaptation to the situations of his/her life. (Mischel 1976). It is also conceived that successful adaptation of an individual adjustment to one's physical, socio-cultural, and psychological environment is a must. In Ayurveda, concept of Prakriti or personality is laid down with precision and perfection. It is told in more specialized manner. In this paper, it will be discussed in detail. The personalities told in modern psychology and in Ayurveda will be examined in light of facts and evidences.

The focus will be on Manas Prakriti in Ayurveda and 16 PF theory of Catell et al. Both of these share the same basic concept of traits and their impact on a person's behaviors and actions. With these confabulations, it will be tried to remove the confusions lying in the heads of the scholars

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of Ayurveda and simultaneous effort will be put on to add something new to the concept.

## MATERIAL AND METHODS

Various perspectives about the personality have been given by the modern psychologists, like psychoanalytic (Freud), Ego perspective (Carl Jung/Erick Erikson), Biological (Darwin, Esenck), Behaviorist (Pavlov's), Cognitive (Gestalt), humanistic (Abraham Maslow) and Trait perspective (Allport and Catell).

Among all these, Trait Theory is said to be the most important one. Here,<sup>1</sup> Trait is defined by Allport (1937) as a generalized and focalised neuropsychic system (peculiar to the individual) with the capacity to render many stimuli functionally equivalent to initiate and guide consistent forms of adaptive and expressive behavior.” Whereas<sup>2</sup> catell defined traits as relatively permanent and broad reaction tendencies that serve as the building blocks of personality.” He developed structure based system theory of personality. He laid the foundation of commonly used PF test. Nowadays ‘Big Five Model theory<sup>3</sup> has also emphasized upon five traits approach to personality. The five traits include, extraversion, agreeableness, conscientiousness, neuroticism and openness. Eysenck (1994) also described three factors to the personality<sup>4</sup>. These are extroversion (outgoingness and assertiveness, neuroticism includes emotional instability and apprehension) and Psychoticism includes psychopathology, cruelty and impulsiveness.

According to Ayurveda (Ancient traits) ‘Prakriti is defined in this ways-

प्रकृतिमितिस्वभावम्—तथा शुक्रशोणितमेककाले  
ऋतुरूपे योदोषोत्कटोभवति, स प्रकृतिमारभते

(च.सं.वि. 8/95 पर चक्रपाणि)

This definition clarifies that Prakriti is the basic nature of the person coming genetically from the fusion of sperm and ova at the time of conception. This theory matches with the trait perspective as described above.

## 2. Prakriti<sup>5,6</sup>

It is the spiritual aspect of personality which says that a person's present since birth, behavior and deeds depend upon the karmas (कर्म) performed in the previous birth. Shankar Bhashya of Shrimad Bhagwad Geeta, explains it in detail and with authenticity.

Before going into further explanation of Manas Prakriti, it is better to understand that Ayurveda has told that there are three constituents/components of mind viz- Sattva, Raja, and Tama. These are basis traits and get passed on to the individual from Parents. Here sattva is said to be the purest form of mind or manas, and is the symbol of all kinds of goodness. Raja represents aggression, and narcissism. Tama is the cause behind delusion and ignorance. All the three are complementary to each other and remain in each and every person. The difference is about the predominance.



The people having Sattva as predominant factor in their mental constitution are said to be of sativika prakriti. Likewise, Rajasika with Rajas and Tamasika with Tamas influence. ***Strangely 'Freud' the psychoanalyst has also described about three components of mind viz-Id, Ego, and supergo.*** Roughly these components corresponds with Tamas, Rajas and Sattv respectively. These traits are further classified into sixteen factors.

Sattvika- Seven-Brahma, Arsha, Eindra, Yamy, Varuna, Koubera, Gandharva.

Rajas- Six-Aasura, Rakshas, Paisacha, Sarpa, Preta, Shakun.

Tamas- Three- Pashava, Vaansapatya. Matsya.

Catell also told that the personality is formed of various factors, and the number astonishingly is sixteen.

#### **Analysis and Discussion — Overview of the 16PF Traits-**

S.No.	Trait (Factor)	Measures	Scores--High/Low
1.	Warmth (A)	Emotional orientation towards others	Need to be with others (H) More interested in tasks and ideas than in people interaction (L)
2.	Reasoning (B)	Way of thinking	Mentally quick and absorbs new information rapidly and efficiently. (H) Most Comfortable with well-known tasks in which they can draw on past experience and can utilize a concrete style of learning by doing (L)
3.	Emotional stability (C)	Person's proneness to mood swings or ups and downs	Better to manage stress (H) / Struggle more with stress (L)
4.	Dominance (E)	Interpersonal assertiveness	Enjoy being in control and enjoy power (H) / Make few demand on others, Like to accommodate the needs and wishes of other people. Insufficient room for own wishes (L)
5.	Liveliness (F)	Natured Exuberance of energy level	Uninhibited playful, adventurous type, enjoying being centre of attraction. (H) Deliberate, Cautious, Careful, focused and serious mind (L)



6.	Rule Consciousness (G)	Orientation to rules, procedures Protocols and social expectations	Stick to the rules at any cost (H) Flexible approach (L)
7.	Social Boldness (H)	Social initiatives taking and to lesser extent, a general orientation towards risk taking.	Social initiative takers, comfortable with networking, self marketing small talk. (H) Shy. Find social initiative taking aversive and difficult (L)
8.	Sensitivity (I)	Complex factor.	Emotionally sensitive,
		<ul style="list-style-type: none"> <li>• Objectivity vs. Subjectivity</li> <li>• Tough mindedness vs. Tender mindedness</li> </ul>	empathetic, aware of feelings and prone to make decision on more personal and subjective basis (H) Objective, analytical and logical. Prone to make decisions on more impersonal basis (L)
9.	Vigilance (L)	Level between trust and skepticism	Careful, Vigilant wary, on skeptical about trusting others. (H) Trust in unrealistic ways. (L)
10.	Abstractedness (M)	Practicality vs. Creativity.	Creative, imaginative insightful (H) Much in touch with practical realities. Live by them and make decisions on literal and factual basis (L)
11.	Privateness (N)	How to go about self disclosure, and how easy a person is to get to know as well as how he/she keeps private	Careful and selective about self-disclosure, slower to open to others. (H) Quick to disclose information (L)
12.	Apprehension (O)	General proneness to worry Propensity to self-doubt and self-blame	Merciless self-critics (H) Self-assured self-confident and rarely worry about themselves. (L)
13.	Openness to Change (O1)	Person's orientation to change, normality and innovation	Like change, respond positively to change, seek change and want to go boldly where none has gone before. (H)  Like the known, the tried and true and the time tested paths. (L)



14.	Self-Reliance (O2)	Propensity to seek group support or to strike on one's own.	Solve problem on their own and prize self-reliance (H) Like Group support. Think in terms of collaborative team based action and generally can't go alone (L)
15.	Perfectionism (O3)	Complex Factor Task orientation vs. Process orientation. Structure seeking vs. Structure avoidant.	Organized, Systematic, methodical goal oriented focused on conventional achievements (H) Flexible, adaptable spontaneous, emergent and process orientation. (L)
16.	Tension (O4)	Patience or impatience in response to environmental delays, stresses and demands.	Always on the go constantly busy. Efficacy minded and driven to make things happen (H) Patient, relaxed, flaccid, enjoy life with less interval stress.

The Whole purpose of describing the characteristic features of specific personalities is to clarify that Ayurveda's ancient texts also have explained the traits in almost similar manner.

The Acharyas have named each personality type. There is no controversy about it. The edge over the modern classification lies in the fact that here exists richness of vocabulary and language. Another thing is, that Ayurveda defines the personality in more comprehensive way. The basic principle is that 'Goodness' can be of various types and likewise "Aggression" and Inertia' it can also be of more than one type. That's why there are seven types of "Sattva", Six types of Rajasa and three types of Tamasa.

These originate from 'Sattva' Raja' and Tama components of the mind respectively. When it was read in a more objective manner, it became clear that 16 PF can easily be correlated with the features of the 16 Manas Prakrities, though it is not a translation kind of similarity. One can understand Brahmka as Warmth (Factor-A), when said as संविभागिनम् Chakrapani has defined this feature as सम्यक्फलविभजन (Doing all the things with rationality) and the other one is समंसर्वभूतषु (Seeing with an attitude of equality). It is very much similar to emotional orientation towards others. Some features can be correlated with factor (B) Reasoning, where the person is mentally quick and absorbs new



information with the word—  
ज्ञानविज्ञानवचनप्रतिवचनसंपन्नम् । Another example  
is of Aarsh Sattva the features described  
are-

उपशान्तमदमानरागद्वेशमोहलोभरोशम्

प्रतिभावविज्ञानोपधारणशक्तिसंपन्नमार्शविद्यात् ।

It is closer to Factor-C i.e. emotional stability. In ancient texts, Acharyas have not only described emotional stability, but also has told about how these people attain it, which is missing in description of Factor C. Similarity in description of Yamy Sattv, a sign is told by the words श्लेखास्थवृत्त Chakrapani comments upon it लेखं कर्त्तव्याकर्त्तव्यमर्यादा, तत्र स्थितवृत्तं तस्य स लेखास्थवृत्तः तम्यअलङ्घितकर्त्तव्याकर्त्तव्यमित्यर्थः Means one who decides his/her action with orientation to rules, procedures, protocols and social explanations This behavior is present in Factor G i.e. Rule consciousness.;

Likewise Factor E- Dominance corresponds to some of Rajas Sattva Types. like Aasura. They are being interpersonal assertiveness and enjoy being in control. They value power, and apprehension. Factor O relates itself with some features of Tamassattv.

## DISCUSSION-

Discussing all the factors and the Sattvas are beyond the purview of this paper, but it has thrown some light to see the things in more practical manner. It should also be

taken into account, that in ancient times, the group of people who used to act or behave in a certain manner, were given a name according to their inclinations. They also formed separate communities on this basis and hence used to share similar ground or states to reside. These names were enough to know about their characteristics. The description may be as follows:-

### SATVIK (GOODNESS)

**1. BRAHMA** - Knowledge and creator- The people having true knowledge and have got creatively in nature were called as BrahmSattv.

**2. EINDRA** - The people with richness of materials and are practical enough to earn name and fame with positive efforts and long sightedness. इंद्र Means who runs behind objects and tries to attain them.

**3. YAMYA** - Who believe in dutifulness and works within limitations of self without being shaken with unnecessary competitiveness. Self disciplined people who can control themselves. Yamy arises from the word. नियमन Meaning management.

**4. VARUNA** - The people who are too much obsessed with cleanliness and hygiene. They know where to place anger and where to get pleased. Assertiveness can be said as their basic personality. But in case of high scores, these people may develop problems like OCD etc.





**5. KOUBERA** - He is the God of money and material. The people under this type of personality take care of their health and hygiene and gain name, fame and materialistic things.

**6. GANDHARVA** - The people having aesthetic bent of mind. These people are good in singing, dancing etc. They are perfect with life skill trainings and are masters in various Arts. The features are found in Factor M-Abstractedness. Here the people are creative, imaginative on high scores.

**7. AARSHA** - The people with external locus of control. These people are spiritual and believe in prayers and rituals.

#### **RAJAS SATTVA (AGGRESSION)**

**1. AASURA** – Persons holding personality traits of Aggression, narcissism and cruelty, used to be called as Aasur.

**2. RAKSHASA** – Intolerant, enmity lovers, searching out loopholes of others, Believers in ditching, are cruel and non-vegetarian types.

**3. SARPA** – These are unreliable, non-faithful, they get power from their anger, but are cowards by heart. They have got tendencies of harming other.

**4. PAISACHA** – Over eaters, over-indulgent in sexual activities, unhygienic, coward, yet cruel and cunning- They have got clinging mentality.

**5. PRETA** – Believes in blaming others.

**6. SHAKUNA** – Over indulgent in sexual activities, restless, intolerant, Act on hoarding principle.

All these six personalities relate themselves to Aggression, fight, antisocial and oppositional defiant disordered people.

#### **TAMAS - (INERTIA)**

**1. PAASHAVA** - Non-self reliant, Excessive sleep. lack of good memory. Get succumbed to their problems. Effortless in solving the problems. No. productive attitude is present.

**2. MATSYA** – These are food – lovers and greedy, coward, aggressive and are water lovers too.

**3. VANASPATYA** – These are also food lovers, low in knowledge, Mental / intellectual insufficiency is seen in these people.

#### **CONCLUSION —**

The concluding remarks may be taken as-

1. Practically all personality theorists are concerned with traits. After all, traits are what make people who they are. They are the relatively permanent aspects of each of the person evidenced by consistency in his or her interactions.



2. There is no controversy about Manas Prakriti

These are the traits which decide the course of action and behaviors in anyone's life. The only problem lies is lack of understanding of the terminology. This problem can be curbed with better access towards the language and vocabulary used in the ancient texts.

3. Ayurveda Manas Prakriti has also included the psychopathologies, as are explained according to modern psychiatry as psychoticism / neuroticism etc.

5. Charak Samitha: Sharir Sthan Chapter-4/ 36-39 Along with Chakrapani Commentary.

6. Sushrut Samitha: Sharir Sthan Chapter-5/ 81-99 ....Along with Dahlan Commentary.

## REFERENCES

1. Allport, G.W.C. (1937). Personality: A psychological interpretation. New York Holt.
2. Catell. R.B. (1950) Personality: A systematic theoretical and factual study. New York.: Mc Graw-Hill.
3. Eysenck, H.J (1994). The big five or giant three: Criteria for a Paradigm. The developing structure of temperament and personality from infancy to adulthood.
4. Friedman, H.S. & Schustack, M.W. (2009). Personality Classic Theory and Modern research. 3<sup>rd</sup> Edition Delhi: Pearson Education.



## VAMANA KARMA (THERAPEUTIC EMESIS) AND ITS CLINICAL SIGNIFICANCE: AN OVERVIEW

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### ABSTRACT:

*Vamana karma is an important therapeutic tool of bio-purificatory (Samshodhana) measures for the radical elimination of toxins from the body. The bio-purificatory therapy is unique approach of Ayurvedic therapeutics. Vamana Karma is successfully used in treating Kaphaja type of disorders in general and elimination of wastes product in a broad way, during the events of diurnal, nocturnal and seasonal regimens. There are several textual references available in Ayurvedic classics, but the procedure needs to be validated in current times under the influence of Ahara Shakti, Bala and Agni of the individuals. Vamana procedure is a safe purificatory procedure when undertaken methodologically. It is a bio-cleansing and bio-balancing procedure, which probably eliminates fat soluble toxic substances from the body and hit at the site of pathological events. These mega events are based on preparatory procedures of the patients and pharmacodynamic property (ushana, tikshna,*

*sukshma, vyavayi etc) of emetic drugs. These Vamaka drugs probably by its own qualities cut off the cellular adhesions and make them move out drop by drop without any further adherence and collect inside the organs. In spite of so many advances in contemporary medicine, the management of many non-communicable diseases is still vague; it warrants newer strategy for its management. In this emerging scenario Vamana therapy of Ayurveda provides a better option in association with pacificatory measures for the management of various ailments.*

**Keywords:** *Vamana, Samshodhana, Panchakarma, Ayurveda, Emesis.*

### INTRODUCTION

*Panchakarma is an important purificatory therapies of Ayurveda. As the name suggests, Pancha in Sanskrit stands for five and Karma are therapeutic measures, so simply translated it is a set of five systematic actions used for the purification of the body. It is used to bring the aggravated Doshas into normalcy & to flush the accumulated 'AMA' (toxins) from the body. Elimination is a natural*

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body instinct but over a period of time and in case of *Doshic* imbalance, these wastes are not effectively eliminated from the body. These wastes tend to stick into minute channels of the body known as *Srotas* and start producing diseases. *Panchakarma* is considered to be the most radical way to cleanse the body thereby eliminates once and for all the disease causing *Doshas* and other toxins.

These are undertaken as a part of *Shodhana Chikitsa* - the purification of the body and mind, including the ten *Indriyas* (senses). *Ayurveda* considers it as a necessary step before the starting of any other therapy. In fact, most of the times, *Panchakarma* is an end in itself rather than a prelude to other therapeutic measures. During *Panchakarma*, toxins from the body are removed by way of the skin and other glands, body vessels and the excretory system. In India, there are six seasons and *Panchakarma* varies slightly according to these seasons. One can enjoy good health if routine seasonal *Panchakarma* is done (Prevention is better than cure).

Purificatory treatment has been prescribed separately for each *Doshas*. The *Kapha* toxins accumulated in the body and the respiratory tract are effectively removed by *Vamana karma*, which is one of the five therapies of *Ayurveda*. However, this is not to be adopted only in *Kapha dosha* but also useful in case of *Kapha's* conjunction with other *Doshas*. *Vamana*

is therapeutic emesis, which is a induced by planned therapeutic approach. People with high imbalance of *Kapha* are given this type of treatment, which loosens and mobilizes the toxins, in an effort to eliminate them from the body. Waste products (vitiated *Dosha & Malas*) are eliminated through the upper gastrointestinal tract. The vitiated *Kapha* are also eliminated through the mouth. After vomiting, the sinus is cleared, which in turn provides relief from congestion, wheezing and breathlessness.

When any poisonous matter is consumed whether knowingly or unknowingly, *Vamana* or emesis is directly to be induced without any planned approach. Such types of utility of *Vamana karma* are not categorized under biopurificatory measure. *Vamana* is only given to the eligible candidates after proper and thorough clinical examination. *Vamana* therapy is performed after doing the full oiling of the body by means of proper massage & intake of medicinal oil/ghrita and sudation. *Vamana* therapy helps to remove any type of obstruction from any part of the body thereby making the rest part of the treatment more easy and beneficial. *Vamana* is helpful in Bronchial asthma, Cough, Heart burns, Anorexia, Diabetes, Epilepsy, Skin disorders, Anaemia, Obesity, Goiter, Urticaria etc.

The place of *Vamana* is on first in *Panchakarma* therapy due to its prime importance. *Vamana* is not merely



administered in the proforms like lung cancer, Lung abscess duoderal & gastric cilters bronchiectasis and the stomach, as in the case of poisoning. But it is a measure to be applied after the patient has been prepared properly with *Snehana* and *Svedana*. Before inducing *Vamana* therapy it is essential to make the patient metabolically fit. This can be achieved by using *Snehana* and *Svedana* therapy, which loosens the doshas and mobilise them from periphery to the central part of the body. These measures directly also eliminate various kinds of endogenous toxins, which is accumulated in the entire part of the body.

### **Vamana Karma**

*Vamana karma* is expulsion of aggravated *Doshas* and *Malas* from the mouth region. It should not be compared with vomiting ingeneral. Vomiting is the forceful expulsion of content of stomach. Whereas, *Vamana karma* is performed after sequence of procedures under the supervision of *Panchakarma* expert, is done according to the patients requirement and treating them as per-need. *Vamana* or administration of emetics is one of the series of *Panchakarma* procedures. This is *Shodhana karma* (cleansing procedure) or purifying operation with regards to *Kapha*, *Doshas*, *Ama* and *Malas*. The aim and administration of *Vamana karma* are different and more comprehensive than

those of administration of emetics in modern science.

*Vamana* is the best treatment for vitiated *Kapha Dosha* and *Kaphaja* disorders. In the *Ayurvedic* texts, there are numerous references regarding *Vamana Karma*, so it is not possible here to give all references. However, there are some references in the *Ayurvedic* classic which mainly deals with either the process of *Vamana* or the drug used for it.

### **Definition**

“TATRA DOSHA HARANAM  
URDHVA BHAGAM VAMANA  
SANGYAKAM”

(C. Ka. 1/4)

*Charaka* has defined *Vamana* as a process in which waste products or Toxins (*Doshas*) and *Amas* are eliminated through upper G.I.T i.e. mouth (Ch.Ka. 1/4). *Chakrapani* takes a *Urdhavabhage* as *Urdhavamukha*. *Bhavaprakasha* also has same opinion for *Urdhva* as *Mukhamarga*.

*Vamana*, as defined by *Sharangdhara* and *Bhavaprakasha*, is a process in which *Apakva Pitta* and *Kapha* are removed forcefully through upper G.I.T by the acts of vomiting.

### **Properties of Vamaka Drugs:**

The drugs, which induce *Vamana*, are known as *Vamaka dravya*. They posses the following qualities.

1. *Ushna* (Hot)



2. *Tikshna* (Penetrating)
3. *Sukshma* (Working at micro-level)
4. *Vyavayi* (Capacity to spread and act rapidly in the body)
5. *Vikasi* (Capacity to make loose the body toxins)
6. *Urdvabhagaha prabhav* (Efficacy to pull out in upward directions)

As described by *Charaka*, the drugs which are *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, *Vikasi* by the virtue of their *Virya* reaching to *hridaya* and circulating through the *Sthula* and *Anu Srotasa* which are present all over body. They liquefy *Sanchit Mala* (acumalated toxins) retained in the body due to their *Vishyandi Guna* and break them up by their *Tikshna Guna*. In the body of the person who has undergone *Snehana* process the *Sanchit Mala* broken down and kept floating in the body and remains detached as like that the honey kept in a pot smeared with *Ghritha* and being drawn by its *Apunarbhava Guna*. It flows towards the *Amashaya* and goes upward due to *Udana Vayu*, the *Dosha Sanghat* gets thrown upwards as a results of *Agni* and *Vayu Guna* and the property of drug like *Urdvabhagahara prabhava*.

*Urdvabhagahara prabhava* is the quality due to predominance of *Agni* and *Vayu Mahabhuta*. The inherit power of moving upwards have *Agni* and *Vayu Mahabhuta*. *Vamana Dravyas* have special

types of action known as *Anupravana*. It has two words i.e. *Anu* and *Pravana*. The word *Anu* indicates the power to move in the minute tissue cells and *Pravan* means the action to move towards the *Koshtha*.

During the treatment, *Kapha* aggravating foods such as basmati rice and yoghurt with salt are given to the patient, in the morning. Thereafter, heat is applied to the chest and back, in order to liquefy *Kapha*. A drink made by mixing *Madanaphalam*, licorice, honey or calamus tree root is given to the patient, after the *Kapha* is liquefied. Salt or cardamom may also be added to the medicated drink. Consumption of the drink triggers vomiting in the patient. If vomiting doesn't occur spontaneously, then it is induced by rubbing on the tongue by index and middle finger.

### **Objective of Vamana Therapy**

The objective of *Vamana* therapy is to eliminates *Kapha dosha* from upper part of the body is to induce vomiting in the person to get rid of the mucus that causes excess *Kapha*.

### **Procedure**

Generally any measure of *Shodhana* therapy cannot be undertaken directly without preparing the patient. *Vamana* is somewhat troublesome process to the patient and may cause complications too. Therefore it is necessary that all the aspects should be taken into consideration



before performing this *Karma*. Before *Vamana* is administered, *Purvakarma* (Preparatory procedure) i.e., *Abhyantara Snehapana*, *Abhyanga* and *Svedana* are recommended. The person should also eat a *Kaphagenic* diet to aggravate *Kapha* in the system. *Vamana* should be given early in the morning (*Kapha* time). The person should eat basmati rice and yogurt with much salt early in the morning, which will further aggravate *Kapha* in the stomach. The application of heat to the chest and back will liquify the *Kapha*. The person should sit calmly on a knee-high chair and drink the concoction of licorice and honey, or salt water. This emesis preparation is measured and recorded before being drunk, so that at a later time the amount of Vomitus from the decoction can be determined. After drinking the decoction the person should feel nauseated. He should then rub the tongue to induce vomiting, continuing until bile comes out in the Vomitus. The degree of success in this treatment is determined by: (1) the number of Vomitings (8 is maximum, 6 medium, 4 minimum), and (2) the quantity of Vomitus (1 quart maximum, 1 1/2 pints medium, 1 pint minimum).

**Emetic Substances:** *Madanaphala*-emetic nut, *Madhuka-Yastimadhu*-licorice, *Neem*-bitter leaf, *Bimbi*, *Kutaj-kurchi*- conessi bark, *Murva-clematis*, *Triloba-devdaru*-deodar. *Cedrus deodara*, Salt (NaCl), *Ela-cardamom*, *nux-vomica*.

After performing *Vamana* therapy, the patient should take rest and not consume heavy food. Fasting is highly recommended immediately after *Vamana* therapy. The patient is also given certain herbal cigarettes to smoke. In addition to this, it is strictly recommended that the natural urge to urinate, defecate, sneeze and cough should not be suppressed. If *Vamana* is administered properly, the person feels relaxed and able to breathe freely. Lightness in the chest is often experienced after undergoing the therapy. The person thinks clearly, develops a clear voice and good appetite. All the symptoms of congestion vanish away after the proper administration of *Vamana* therapy.

### **Health Problems Treated By Vamana Therapy**

*Vamana* therapy is suitable for treating a number of diseases including anemia, chronic indigestion, sinus problems, cough and cold. Certain chronic diseases like diabetes can be treated by this therapy. People suffering from edema, epilepsy, skin diseases, fever, loss of appetite and lymphatic obstruction can find this therapy beneficial. Nausea and food poisoning are effectively cured by *Vamana* therapy. In case of repeated attacks of tonsillitis, most of the *Ayurvedic* practitioners suggest to opt for *Vamana* therapy. Latest studies in the field of medical science suggest that certain symptoms of asthma can be cured by this highly effective form of *Panchakarma*.



### Indications for Vamana

Used for all *Kapha* type disorders, good for *Pitta* headache, dizziness, nausea, will help to release blocked emotions, respiratory, congestion, bronchitis, chronic cold, sinus, congestion *Kaphagenic* asthma.

### Contra-Indications for Vamana

Below the age of 12 or over age 65, menstruation, pre-menstrual period (one week prior), pregnancy, emaciation, delicate or sensitive person with too much fear, grief or anxiety, hypoglycemia, *Vata Prakriti*, *Vata* diseases, heart diseases, during *Vata* season, acute fever, diarrhea, obesity.

### Importance of Vamana Karma

*Vamana Karma* is first measure amongst *Panchakarma* and has been considered as the best line of treatment for the *Kapha* disorders. Following points show the importance of *Vamana* amongst the other measures of *Panchakarma*.

- The first act is emesis, which is performed immediately after birth, for elimination of *Garbhodaka*. *Caraka*, *Sushruta* and *Vagabhata* have advised to use the mixture of *Ghrita* and Rock salt for this purpose (Ch. Sa. 8/43, Su. Sa. 10/11, As. Hr. Ut. 1/1).
- *Acharayas* mentioned the upper part of body as a *Kapha Sthana*. This portion contains major vital parts of

body like lungs, brain, pituitary gland, eyes, thyroid gland etc. In the diseases of the *Urdhvabhaga* (*Kapha Sthana*) which are related to above organs, *Vamana Karma* is the main treatment.

- It has been mentioned that *Virecana* therapy should be preceded by *Vamana Karma*; otherwise the prevailing *Kapha Dosha* by involving *Grahni* may produce complications.
- Most of *Ayurvedic* Drugs are administered by oral root. First it goes to the *Amashaya*, which is the *Sthana* of *Kapha*. Digestion of food is also start from *Amashaya*. If there is provocation of *Kapha* in *Amashaya* the Digestion of food or Drug cannot takes place properly. With the help of *Vamana Karma*, *Amashaya Shudhi* takes place. So the digestion of drug as well as food takes place in a proper fashion.

### Conclusion

*Vamana* therapy is not done only in patients, but may also be done in normal persons for keeping them healthy and viable, especially in *Vasanta ritu*. The place of *Kapha* is *Urdhvabhaga* (upper part) of the body, mainly *Amashaya*. The elimination of *Doshas* from the nearest route is an admitted principle. It is also a fact that if any *Dosha* is eliminated from its root, the chances of its reoccurrence





become less. *Amashaya* being the chief place of *Kapha Dosha*, if it is controlled there itself by the process of *Vamana karma*, the vitiated *Kapha Dosha* of all other parts also get controlled.

### References

1. *Astanga Hridaya of Vagbhata with commentaries Sarvangasundra of Arundatta and Ayurveda Rasayana of Hemadri*, Chowkhamba Prakashan, Varanasi, 1997.
2. *Astanga Hridaya*, edited by Prof. K.R. Srikantha Murty, Krishnadas Academy, Varanasi, IIIrd edi., 2000.
3. *Astanga Samgraha*, edited by K.R. Srikantha Murty, Chaukhamba Orientalia, Varanasi, II<sup>nd</sup> edi., 2000.
4. *Chakradatta* – Ed. By. Pandit Sadanand Sharma, Meharachand L. Publication, New Delhi.
5. *Charaka Samhita*, Eng. translation by R.K.Sharma & Bhagawan Dash, Chowkhamba Sanskrit Series Office, Varanasi, 2009.
6. *Sushruta Samhita* edited by Prof. P.V. Sharma, Chaukhamba Vishwabharati, Varanasi, I<sup>st</sup> edi., 2001.
7. *Kasture Sridhara, Ayurvedic Panchakarma Vijnana, 5<sup>th</sup> Ed.* , Published by Sri baidhyanath Ayurvedic Bhawan Ltd. , Great Nag Road, Nagpur-9, 1997.
8. Prof. R. H. Singh, *Panchakarma therapy*, Chowkhambha Sanskrit Series Office, Varanasi, 2007.
9. Dr. Ajai Kumar Pandey: “ *A Text book of Kaya- Chikitsa*” Vol-I in Hindi, 1st Edition 2019 in Hindi, ISBN: 978-81-938519-5-1; Published by Chaukhamba Publications, 4262/3, Ansari Road, Darya Ganj, New Delhi-110002, India.
10. Umesh chaudhary & Ajai Kr. Pandey: “ *A Clinical Assessment of the Role of Panchakarma Therapy in the Care of Young Prediabetics*”, Pub in IJGMP, ISSN: 2319-3999, Vol.2-1, Feb 28, 2013, page no. 15-24.



## OBSERVATIONAL STUDY TO EVALUATE THE ROLE OF ULTRASONOGRAPHY AND X-RAY IN URINARY DISEASE.

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### ABSTRACT:

*Urinary diseases are very common in our society which system constitutes kidneys ureters urinary bladder and urethra various abnormalities occur in these organs due to many reasons like infection, inflammation metabolic abnormalities neoplastic changes trauma etc these abnormalities lead to various physical problems ending into death many times the abnormalities of urinary system can be diagnosed by hematological examination urine analysis radiological examination and histopathological examination specially radiological examination provide wide range of diagnosis of disease of urinary system of almost all origin although various radiological technique like X-ray (plain and contrast) Ultrasonography CT scan MRI and many others are available but in present study X-ray (plain and contrast ) and ultrasonography were used for diagnosis of disease of urinary system because of its easy availability and affordability the diseases of urinary system has been described under the name of Mutrakrichha and Mutraghata in*

*ayurveda these two conditions are in fact group of clinical entities in which urination is difficult and retention is present respectively further they are divided in various subtypes these conditions resembles clinically with various types of urinary diseases early diagnosis has been the always advocated by ayurvedic scholar. By virtue of this prevention and management becomes easy in the present study written informed consent has been taken from all the patients early detection of these conditions facilitates the management otherwise renal failure may complicate the condition*

**Key words:-** X-ray, Ultrasonography, Urinary diseases, Renal failure, Ayurveda

### INTRODUCTION

It is an established fact that urinary disease are showing an increasing incidence all over the worlds as more & more cases are being detected these days due to the help of improved diagnostic modalities .According to WHO urinary tract disease contribute 830000 mortality and 18467000 disability annually mean

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approximately 1.4 % of total death and 1 % unsatisfy life because of disease related to urinary tract. Chronic renal disease also associated with the disease of cerebrovascular or cardiovascular disease and death due to their complication ( **Hostetter 2004** ) . Male and female both are effected equally by renal disease .( **Coresh and other 2003** ). More than 30 % diabetic patient develop diabetic nephropathy ( **King, Aubert and Herman** ). Approximately 1.5 million people depend on renal replacement therapy ( **Weening** ) . With the help of molecular , biochemical activity and gene sequencing technology urinary tract disease identify easily .It has prevalence of 1 in 1000 people and effect more than 10 million people world wide ( **Grantham** ). Urinary tract diseases divided into complicated and uncomplicated. Example of uncomplicated are cystitis seen more in female ( **Hooton 2000** ). It contribute 5 to 8 person per 10000 annually .( **Foxman 2003** ) . Whereas complicated urinary tract specially in developing countries are obstructive or nephropathy lead to urinary schistosomiasis ( **Barsoum 2003** ) . In Industrial belt common cause of urinary tract disease is renal stone ( **Morton , Ilescu and Wilson 2002** ) . Occur more in developing countries effecting 1 in 1000 person annually ( **Robert 2003** ) some symptom commonaly associated with renal stone are decrease urine volume ,

hypomagnesuria, hyperuricosuria . Aggravating factor which increase the chance of occurrence of disease are oxalate rich food, metabolic disorder of cystein result in low protein , low calcium, low water intake play a key role in development of renal stone. The causes of increase stone formation in children are due to use of cereal food. Patients with urinary disease are quite common in clinical practice. In Ayurveda the etiology of mutravikara describe in charak chikitsa are tikshna aushada seva ( Taking strong medicine ), rukcha anna ( dry meal ), atimadhyapaan ( excessive intake of alcohol ), aanupa mansa sevan ( meat of marshy animals ) adhyashana, ativyayama , ati maithuna, prishtayana ( rigging ) ( **sastri 2004** ) . Sushruta and charak describe eight type of mutrakricha . Due to this etiology it vitiated dosha which effect basti and cause derangement of mutramarg lead to mutrakricha Some common causes of urinary disease are like calculi, ureteric stricture, tumour , B.P.H. etc. In this study we have taken 100 cases which are come for investigation in section of Radiology ( Indian medicine ).

#### **Aim:-**

The main aim of this study is to assess the clinical presentation in various urinary disease & evaluation of urinary disease case through ultrasonography & Radio Diagnostic ( I.V.P. )



## Material & Methods:-

In this study we have taken 100 cases which came for investigation in section of Radiology (Indian medicine).

**Inclusion criteria** – Patient having complain of urinary tract symptom were randomly selected irrespective of age and sex etc.

**Exclusive criteria** – Patient with uncontrolled diabetic, hypertension, tuberculosis etc

**Intravenous Urography** - The intravenous urogram is the classic routine investigation of uroradiology. Main indication of I.V.P is for renal & ureteric

calculi, ureteric fistulas, stricture & complex urinary tract infection (including tuberculosis)(3). The IVU consist of a series of plain film taken after administration of an intravenous injection of water soluble iodine containing contrast medium patient was prepared with period of 4 hr starvation & fluid deprivation & the bowel purged with a strong laxative.

**Ultrasonography** ultrasound used on transmission of sound wave with particular frequency. Through body structure & ultimately formation of images on computer screen through reflected wave formation of images or echogenesity depend on how much ultrasound wave absorb or reflect through tissue(4).

## Observation & Result:-

### 1. Number and percentage patients according to symptoms of diseases

S. No.	Symptoms in patients	Number of patients and percentage		Percentage and total number of Patients
		Male Patient	Female Patient	
1.	Asymptomatic	13(13%)	10(10%)	23% (23)
2.	Dysuria	12(12%)	09(9%)	21% (21)
3.	Pain in right or left lumber & pelvic region	20(20%)	14(14%)	34%
4.	Anuria	12(12%)	10(10%)	22%
	<b>Total</b>	<b>57(57%)</b>	<b>43(43%)</b>	<b>100%</b>

In this study a total of 100 patients were studied in which there was 57 male & 43 females showing were predominance of urinary disease in males than females with the male : female ratio 3:2.



## 2. Diseases wise number and percentage of patients in study group

Name of urinary disease	Sex wise number and percentage of patients		Total Patients and percentage
	Male Patients	Female Patients	
1. Urethral structure	09 (9%)	04 (4%)	13(13%)
2. Stones	12(12%)	12(12%)	24(24%)
3. PUJ obstruction	06(6%)	04(4%)	10(10%)
4. Papillary necrosis	03(3%)	02(2%)	05(5%)
5. Infection stricture	04(4%)	02(2%)	06(6%)
6. Prostate problems - prostatic hyperplasia & Prostate Cancer	20(20%)	00(0%)	20(20%)
7. Trauma	02(2%)	05(5%)	07(7%)
8. Gynaecological cases- Cystocoele, uterine prolapse	00(0%)	10(10)	10(10%)
9. Tumour - Renal cell carcinoma	02(2%)	03(3%)	05(5%)
<b>Total</b>	<b>58(58%)</b>	<b>42(42%)</b>	<b>100(100%)</b>

In this study a total 100 patient were studied by either by IVP & ultrasonography or one of the procedure as required. Out of these 100 patients 24 patients (24%) has Calculus, 20 Patients (20%) had prostatic hyperplasia/mass, 13 patients (13%) had urethral stricture, 10 patients (10%) had cystocoele/uterine prolapse & 10 patients (10%) has PUJ obstruction, 07 patient (7%) had Trauma, 06 patient (6%) had infection, 5 patient (5%) has Tumour, 05 patient (5%) had papillary necrosis.

### DISCUSSION & CONCLUSION: -

The commonest Obstructive uropathies observed in the present study was calculi (24%) following by B.P.H. (20%)

The comments mode of presentation of patients was pain in right or left lumber & Pelvic region. Although many advance technique are also available but the technique used in the study are simple, safe, effective and widely available for diagnosis of urinary disease.



## Reference:-

1. Hostetter .T.H,Chronic kidney Disease predicts cardiovascular disease. New England Journal of medicine 2004 (13) : 1344-46
2. Coresh J , Asto.B.C, Greene.A,T, Eknoyn .G, Levey .A.S, Prevalance of chronic kidney disease and Decreased kidney function in the adult U.S population .American Journal of Disease.2003:41
3. King .H, Aubert.R.E,Herman .W.H ,Global Burden of Diabetes 1995-2025 Prevalance , Numerical Estimates and Projection . Diabetes care 1998: 21:1414-31.
4. Weening .J, Advancing Nephrology around the globe .An invitation to contribute journal of American society of Nephrology 2004: 15 :2761-62.
5. Grantham .J ,1997 “ Pathogenesis of Autosomal dominant polycystic Kidney Disease : Recent Development”. In Hereditary Kidney Disease A.Sessa .F. Conte, M.Meroni and G.Battini . vol 122, 1-9 contribution to Nephrology Basel Switzerland : Karger.
6. Hooton .T. 2000 “Urinary Tract Infection in Adult in comprehensive clinical Nephrology ”ed R.J.Johnson and J.Feehally 56. 1-12 London Mosby.
7. Foxman .B, Epidemiology of urinary tract infection : Incidence , Morbidity and Economic costs. Disease -2003: 49:53-70
8. Barsoum .R.S, end stage Renal Disease In North Africa.Kidney International 2003 : 63(suppl. 83):5111-14.
9. Morton.A,R, Iliescu E.A, Wilson J.W. Nephrology .1.Investigation and Treatment of Recurrent Kidney Stone . Canadian Medical Association Journal 2002; 166:213-18.
- 10.Robertson .W.G.,Renal Stone in the Tropics. Seminars In Nephrology 2003; 23:77-87
11. Carak Samhita edited by Satya Narayan Shastri, Edition 2004, Chikitsa Sthana Chapter 26, Page No.-731-732



## INFLUENCE OF ÂHÂRAJA AND VIHÂRAJA NIDÂNA IN PRAMEHA W.S.R. TO DIETARY AND LIFESTYLE FACTORS IN TYPE-2 DIABETES MELLITUS

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### ABSTRACT:

Type 2 diabetes mellitus is one of the most leading causes of death and disability worldwide among the lifestyle disorders where dietary & lifestyle factors play the major role in the pathogenesis of prameha in terms of âhâraja and vihâraja nidâna. The aim of the study is to identify those factors among the age group 30-60 years and to create awareness to the community in future. A cross-sectional survey study was conducted in 120 patients attending OPD & IPD of the Institute of Post Graduate Ayurvedic Education and Research at Shyamadas Vaidya Shastra Peeth Hospital, Kolkata, West Bengal, irrespective of their sex, religion and economic background through collecting the data by questionnaires. 120 patients of prameha were observed on dietary, physical and psychological factors. The obtained data exposed- especially patients of middle age group, females, rural as well as urban people & people from low & middle

economic status suffer from prameha. Along with these, ikcu vikâra (excessive sugarcane or sweet diet), ajîrna bhojana play the major role in âhâraja nidâna; atiærama, vega samdhârana, udvega etc. play major role in vihâraja nidâna. Evaluating these factors, it can be concluded about the scenario of nidana in this particular population suffering from prameha.

**Key words:** âhâraja nidana, vihâraja nidana, prameha, lifestyle disorders, type 2 diabetes mellitus.

### INTRODUCTION

There is increased frequency of micturition and increased urinary output in this disease. Therefore it is called Prameha (*prakarshena mehati eti prameha / prabhuta avila mutrata*)<sup>1</sup>. In Ayurveda, there are 20 types of Prameha- 4 types of Vataja, 6 types of Pittaj & 10 types of Kaphaja<sup>2</sup>.

The Diabetes Mellitus has been generally classified into type-1 and type-2<sup>3</sup>. The type-I Diabetes Mellitus is more

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rapidly to *Dhatuapakarshana janya Prameha* while the type-II Diabetes Mellitus resembles to *Avaranajanya Prameha*. In the pathogenesis of *Avaranajanya Prameha*, *Kapha* and *Pitta* are the common *Dosha*, while the most essential *Dushyas* are *Meda & Kleda*.

Acharya Charaka clearly mentioned about *samanya nidanas* of *Prameha* in *Charaka Chikitsa sthan 6th chapter* which are “*ashyasukham swapnasukham dadhini gramyodaka anuprasah payansi, navannapanam guda vaikrutam cha prameha hetu kaphakruchha sarvam*”<sup>4</sup>. But in *nidana sthana* 4<sup>th</sup> chapter, specific *nidana* for each category of *prameha* are mentioned.

In modern science lifestyle factors (sedentary life) and genetic factors are primarily causes of Diabetes Mellitus. Diabetes is a group of metabolic diseases, characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both. Normally, blood glucose level is tightly controlled by insulin which is produced by the  $\beta$  cell of pancreas. In patient with diabetes, the insufficient production or insensitivity of insulin causes hyperglycemia. It alters metabolism of carbohydrates, proteins and fat in the body. It characterized by high level of blood glucose and subsequent excretions through urine.

According to the modern science 2 major types of Diabetes are referred as:

Type 1DM (Insulin Dependent Diabetes Mellitus - IDDM) or Juvenile Diabetes, Type 2 DM (Non Insulin Dependent Diabetes Mellitus - NIDDM) or adult onset Diabetes. Symptoms of high blood sugar include frequent urination, increased thirst, increased hunger & loss of weight.

In the 21st century, because of invention of new technology, man's life become more mechanical and having less effort to do anything. There is increasing stress and strain which leads to various diseases like Hypertension, Arthritis, Cardiac disease and most harmful Diabetes Mellitus.

Diabetes Mellitus has become most common and most challenging disease for medical science to cure like Heart diseases, Hypertension, Cerebro-vascular diseases, Diabetic foot or ulcers, microvascular complications like-Diabetic Retinopathy, Diabetic Nephropathy, Diabetic Neuropathy and ketoacidosis etc.

Diabetes Mellitus is a major health problem for the world in the 21st century. Globally, at least 50% of all people with Diabetes are undiagnosed, due to Diabetes a person's risk of death become double. Prevalence of Diabetes Mellitus throughout the world has been reported- 8.5% as per report of 2014, which is in India- 7% adults with higher prevalence of males(7.1%) than females(6.8%). We can observe its prevalence in urban life (9.8%)





than rural residents (5.7%)<sup>5</sup>. W.H.O projects that Diabetes will be the 7th leading cause of death in 2030.

#### **AIMS AND OBJECTIVES:**

1. To study the significance of prameha through studying *āhāraja* and *vihāraja nidāna*.
2. To evaluate the role nidana in pathogenesis of prameha.

#### **MATERIALS AND METHODS:**

##### **Selection of the subject:**

Patients were selected as known diabetic from OPD & IPD of the institute-Institute Of Post Graduate Ayurvedic Education and Research at Shyamadas Vaidya Shastra Peeth Hospital according to the blood glucose level. After taking the detailed history & the consent was taken the subjective criteria of Prameha<sup>6</sup> are verified on those patients & the objective criteria of FBS, PPBS, and HbA<sub>1c</sub> have been assessed on them to establish the cases as Diabetes mellitus. Then *āhāraja* and *vihāraja nidāna* were asked to those patients through questionnaire.

##### **Sample size and sample design:**

A cross-sectional survey study was carried out after selection & registration 120 patients of *prameha* were observed on dietary, physical and psychological factors.

##### **Inclusion criteria:**

Adult subjects of either sex between 30-60 yrs having elevated blood sugar level with subjective criteria of prameha<sup>7</sup> and objective criteria of Diabetes mellitus were selected for this study.

##### **DISCUSSION:**

This study shows the evidence of 100% value of two *Āhāraja nidāna* i.e. ingestion of *ikcuvikāra* (sugarcane preparation) & *ajīrnabhojana* (food intake before the digestion of previous meal). Ingestion of *ikcuvikāra* vitiates kapha and meda both i.e. the major causative factor for *prameha*. *Ajīrnabhojana* produces *āma* which suddenly affects the *dhatupāka* specifically *medapāka*. Next higher rate i.e. 90% patients showing that intake of some specific cereal which inflicts *prameha*. The mentioned *Āhāraja nidāna* are certainly evokes the pathway of *prameha* to produce the disease specially vitiating *kapha* & *meda*.

It also suggests that 98% patient suffers in *udvega* as per Ayurveda; *udvega* produces *āma* that is a essential causative factor in pathway of *prameha*. In recent era, it has been reported that anxiety and stress play a major role to produce diabetes mellitus. 87% patients show the evidence of '*atīśrama*' (physical exertion). This incidence correlates the involvement of the rural people in the study and it also



supports the phenomena of *vatavriddhi* in the disease process to expel out dhatu in urine<sup>14</sup>. This also denotes the maximum patients those who are included in the study, are suffering from *prameha* of *cirakāri* state. 75% patients show the evidence of *vegasandharana*. Hard occupational schedule compelled an individual to suppress himself to dispose the excreta in proper time. This situation tells upon their health and cause a probability for *margaavarodh*.

So, the above mentioned data reveals that the maximum patients had ingested the *āhāraja nidāna* and *vihāraja nidāna* as described in Charaka Samhita, which favours manifestation of *prameha* which can be interpreted as:

#### ❖ **Habiprāśa:**

The term '*Habiprāśa*' is recommended by *Acharya Chakrapani* in the pathogenesis of *prameha*<sup>15</sup>. Clarification of the term reveals that eating of a mixture of carbohydrate and fat diet which is devoid of protein is a common and usual diet of lower economy group. Such type of diet regimen provokes *kapha* and *meda* certainly.

#### ❖ **Sougandhika dhānya:**

Many cereals have been described in the *Charaka Samhita Nidana Sthana* and among them some are obsolete in the recent era & had not been used in the diet regimen of common people. *Sougandhika*

i.e. a type of aromatic rice is widely used by the rich people in their daily diet. *Sougandhika* by the virtue of its *śīta*, *snigdha*, *madhuraguna*, is *madhura rasa utpādaka*, *malabaddhakāraka* & *mūtrakārak*<sup>16</sup>.

#### ❖ **Sarpicmatānavaharenu & māsa:**

*Harenu* is *madhura*, *śīta*, *guru* and *balanāśak*<sup>17</sup>. On the other hand *māsa* is *snigdha*, *usna*, *madhura*, *guru* and *bahumala utpādaka*<sup>18</sup>. These two pulses if ingested in excess or by cooking with sarpi, then chance of aggravation of *kapha* and *vata*. As *Harenu* is *balanāśak*, it may produce obstacles in the process of *oja utpatti* by *mārgāvarodh*.

#### ❖ **Grāmya-ānupa-audakmāmsa:**

Previously, in the ancient era, people used to intake varieties of meat of various fauna. Today, maximum of them are obsolete.

The term '*grāmyamāmsa*' refers to the meat of domesticated animals, among them goat meat is very common. Goat meat is normally very soothing towards the human being as its *guna* is identical to the *dhātu* of the human being<sup>19</sup>. But if it is ingested in excess, by the virtue of its *śīta*, *snigdha* and *guru guna* it aggravates *kapha* in excess. Parallely another meat, beef is more *guru* and *usna* than goat meat. Hence, it obviously vitiates *kapha* and *pitta*.



‘*Ānupamānsa*’ refers to the meat of animals of marshy land. Among them duck meat is one of them and taken by common people which is *guru*, *madhura*, *usnna*, *snigdha* and *kapha-pitta vardhak*<sup>20</sup>. The person those who have *dīptāgni* can digest this; but the person of *mandāgni* suffers in various ailments after intake of duck meat.

*Audakmānsa* refers to the meat of aquatic animals. Flesh of fish generally *guru*, *madhura*, *usnna* and *bramhana kārak*<sup>21</sup>. If it is ingested in excess it can vitiate *tridoca*.

♦ **Sāka:**

Among the *sākavarga*, name of the particular *sāka* is not mentioned during description of *nidāna*. But *upodhikā* and *tandulīyaka* are mostly used in the diet of common people. These both are *madhura rasa*, *śita-snigdha* guna & *madhuravipāka*<sup>22</sup>. *Upodhikā* if ingested in excess causes *mārgāvarodha*.

♦ **Ikcuvikāra:**

*Ikcuvikāra* means sugarcane and its various preparations. If these are taken in excess, it can aggravate *kapha* as well as *meda*<sup>23</sup>.

♦ **Ksheer and mandakdadhi:**

Milk and milk preparations are *guru*, *snigdha*, *sita guna dravyas* and excessive intake of these dravyas can easily aggravate *kapha* as well as *meda*. Especially *māhica dugdha* is excessively *guru*<sup>24</sup> in nature

which can promptly cause *medaducmi* and that may leads towards *prameha*. On the other hand, *mandakdadhi* is a type of milk preparation which is immature curd, is an *abhicyandi* and *tridoca prakopak*<sup>25</sup>.

♦ **Usna-amla-lavasa-kamu-kcāra:**

*Usna-amla-lavana-katu-kcāra* all of them individually or unitedly aggravates *pitta* which may affect *dhātvāgni* and *dhātupāka*. On the other hand, these are the opposite qualities of *oja*<sup>26</sup>, that’s why this type of food destroys *oja*.

♦ **Vicamaāhāraupasevana and ajīrnabhojana:**

*Vicamaāhāraupasevana* and *ajīrnabhojana* both produces *āma* inside the body and hampers *jatharāgnipāka* and *dhātvāgnipāka* which can cause *medaducmi* and *ojavikrti* simultaneously.

♦ **Kacāya-kamu-tikta rasa:**

*Kacāya-kamu-tikta rasa* all of them cause vitiation of *vātadoca* directly<sup>27</sup> which can cause *vātaja prameha* promptly by the excessive intake and lead to *ojaksaya*.

♦ **Vyāyāmarjana:**

Physical exercise is a good habit and it should be practised everyday for the proper maintenance of health<sup>28</sup>. It regulates all systems in human body including lipid metabolism and endocrinal system. Absence of daily exercises may affect health by producing *āma* and *mala* which ultimately vitiates *kapha* dosa as well as *meda dhātu* and those are the main causative agent for *prameha*.



♦ **Vyavāya-vyāyāmaatiyoga:**

Physical exercise is a good habit and it should be practised everyday for the proper maintenance of health. But if a person undergoes excessive physical exercises, he becomes weak and lean and causes vitiation of *vāta dosa*<sup>29</sup>. Besides this excessive sexual indulgence causes *dhātuksaya* which may leads to *vātaprakopa*<sup>30</sup>.

♦ **Svapna-śayana-asana prasanga:**

It means habit of excessive sleeping, lying on bed & sedentary life style and these all vitiates *kapha dosa* exclusively. Vitiation of excessive *kapha* may lead to cause *prameha*.

♦ **Atiātapa & agnisantāpasevana:**

*Atiātapa* (excessive sun exposure) & *agnisantāpa* (excessive exposure to heat & fire) sevana both of them are responsible for aggravation of *pittadosa* which may affect *dhātvāgni* and *dhātupāka*. By this way, all dhātu become affected along with their *ojas*.

♦ **Atiśrama:**

*Śrama* is good for health but excessive *śrama* may vitiate *vata* which may cause *dhātu viśocana* and *ojakcaya*.

♦ **Vega sandhārana:**

Rural life as well as urban life becomes faster now-a-days rather than few years back. Everyone is so busy and none of

them has time to look after own health. They are compelled to hold on natural non-suppressible urges like stool, urine, appetite, thirst, sleep etc. just for lack of time, shyness and sometimes fear. These all vitiate *vāta dosa*<sup>31</sup> and lastly *tridosha*. Ultimately it causes *prameha* due to *dhātukcaya*.

♦ **Anaśana:**

Fasting for long hours due to hard daily occupational schedule, religious purpose or poverty can be a main cause of *dhātukcaya* which ultimately leads to *vāta dosa* vitiation<sup>32</sup>. Then vitiated *vāyu* can manifest *prameha* to that person.

♦ **Udvega & śoka:**

*Udvega* is anxiety and *śoka* is grief. Excessive affliction of these two psychological factors can raise *vata dosa*, then all types of *agni* mainly *jatharāgni* and ultimately interrupt in *avasthāpāka* and *dhātvāgnipāka*. By this way, production of *āma* as well as defective *dhātus* along with their *ojas* takes place. Especially *medadhātu* gets altered.

♦ **Jāgarana :**

Here this term refers to keep awake at night. Now-a-days many persons used to stay awake at night just due to their occupation. It is one of the main causes of aggravation of *vāta*<sup>33</sup> which directly may be a cause of *prameha*.

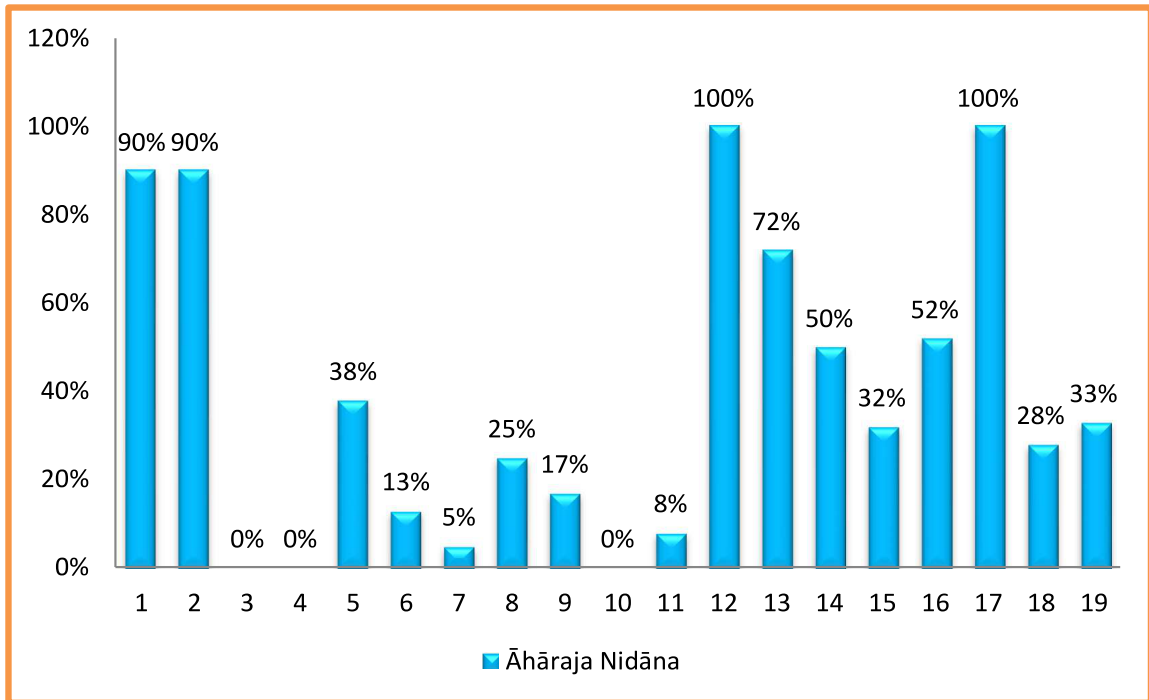


## OBSERVATIONS:

Table no. 1.

Shows the distribution of *Āhāraja Nidāna* of 120 patients *Prameha*<sup>8-10</sup>:

Sl no.	Different <i>Āhāraja Nidāna</i>	No. of Patient	Percentage (%)
1.	Śukadhānya- Hāyanak(a type of rice), Chinak(a type of rice), Yavak( <i>Avena sativa</i> ), Uddālak( <i>Paspalum scrobiculatum</i> ), etc.	108	90%
2.	Śukadhānya- Sugandhak(Aromatic rice like Gobindabhog), Mahāvrihi(long rice like Basmati rice) etc.	108	90%
3.	sarpiṣmatānavahareṇu (fresh <i>Pisum sativum</i> Linn. with ghee)	00	0%
4.	Sarpiṣmatāmāsa (fresh <i>Phaseolus radiates</i> Linn. With ghee)	00	0%
5.	Grāmya-ānūpa-audakamāmsa(meat of domesticated, marshy and aquatic animals)	46	38%
6.	Sāka (excessive leafy vegetables in diet)	16	13%
7.	Tila & tilapalala ( <i>Sesamum indicum</i> Linn. & its oil-cake)	6	5%
8.	Piṣṭāna(Pastry)	30	25%
9.	Pāyasa(milk preparation)	20	17%
10.	Kṛṣārā(Gruel prepared with tila, rice & black gram)	00	0%
11.	Vilepī(Gruel prepared with 4 times of water)	10	8%
12.	Iksuvikāra(sugarcane preparations)	120	100%
13.	Kṣīra- navamadya-mandakdadhi (milk, fresh-wine & immature curd)	86	72%
14.	Taruṇa-madhuradrava(newly prepared & sweet drinks)	60	50%
15.	Uṣṇa- amla-lavaṇa-kṣāra-kaṭu (Excessive hot food and sour, salty, alkaline & pungent taste)	38	32%
16.	Viṣamaāhāraupasevana (Intake of mutually contradictory foods)	62	52%
17.	Ajīrṇabhojana(food intake before the digestion of the previous meal)	120	100%
18.	Kaṣāya-kaṭu-tikta(excessive astringent, pungent & bitter taste)	34	28%
19.	Rukṣa-laghu-śītaahar (Dry, light & cold foods)	40	33%



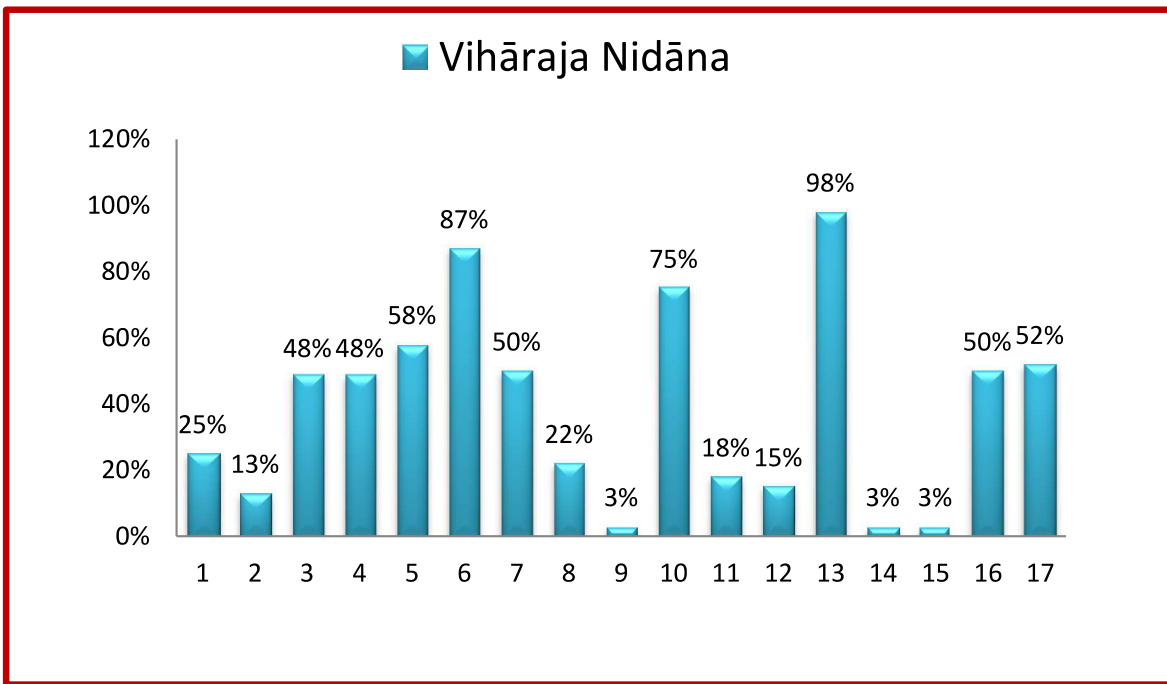
Graph 1: Shows the Āhāraja Nidāna of 120 patients of *Prameha*



**Table no.2:**

**Shows the distribution of *Vihāraja Nidāna* of 120 patients *Prameha*<sup>11-13</sup>:**

Sl no.	Different <i>Vihāraja Nidāna</i>	No. of Patient	Percentage (%)
1.	<i>Mrijāvarjana</i> (Avoidance of unctioin)	30	25%
2.	<i>Vyāyāmavarjana</i> (Avoidance of physical exercise)	16	13%
3.	<i>Svapna-śayana-asana prasamga</i> (Indulgence in sleep, bed-rest & sedentary habits)	58	48%
4.	<i>Atiātapasevana</i> (Exposure to excessively hot sun)	58	48%
5.	<i>Atiagnisantāpasevana</i> (Exposure to heat of fire)	70	58%
6.	<i>Atiśrama</i> (Physical exertion)	104	87%
7.	<i>Atikrodha</i> (Excessive anger)	60	50%
8.	<i>Vyavāya-vyāyamaatiyoga</i> (Excessive indulgence in sex & physical exercise)	26	22%
9.	<i>Vamana-virecana-āsthāpana-śirovirecanaatiyoga</i>	04	3%
10.	<i>Vega samdhāraṇa</i> (Suppression of manifested urges)	90	75%
11.	<i>Anaśana</i> (Fasting)	22	18%
12.	<i>Abhighāta</i> (Assault)	18	15%
13.	<i>Udvega</i> (Anxiety )	118	98%
14.	<i>Śoka</i> (Grief)	04	3%
15.	<i>Śonitaatiṣeka</i> (Excessive bloodletting)	04	3%
16.	<i>Jāgaraṇa</i> (Keeping awake at night)	60	50%
17.	<i>Viṣamaśariranyāsa</i> (Improper posture of the body)	62	52%



Graph 2. Shows the *Vihāraja Nidāna* of 120 patients of *Prameha*





## CONCLUSION:

This study reveals that *Kapha & Meda* are the major etiological factors for *Prameha*<sup>34</sup> which described in Ayurvedic classics also. The *āhāraja nidāna* and *vihāraja nidāna* play the prime role of vitiation of them. *Kapha* and *Vata* are chief culprits in *Prameha Roga*. Tendency towards faulty dietary habits and sedentary life style vitiate the *Kapha dosha* and *Medo dhatu* which leads to *Prameha*. This observational study found as very much significant through studying *āhāraja* and *vihāraja nidāna*. Modern science also reveals that dietary habits & lifestyle factors (sedentary life) are primarily causes of Diabetes Mellitus. Therefore, early diagnosis and timely intervention with proper management including *nidana parivarjana* are highly essential to prevent the Diabetes Mellitus. Thus, the role of *nidana* in the pathogenesis of *prameha* is very much significant and it proves diabetes as a dietary & lifestyle disorder in the light of Ayurveda.

## References:

1. Hemadri and Arun Dutta-edited by Parsdakara Hari Sadashiv Sastri, Astanga Hridayam of Vagbhata with Sarvanga Sundara Commentary and Ayurveda Rasayana Commentary; published by Chowkhamba Orientalia, Varanasi, edition-reprint 2012, Nidana Sthana, Chapter- 10, shloka-7
2. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-4
3. Harrison, Dr. J. Larry Jameson, Harrison's Principles of international medicine, vol-2, 15th Edition, and published by MC Grew-Hill Book, Page No- 383.
4. Vijayrakshita, edited by Prof. Yadunandana Upadhyaya; Madhava Nidana of Madhava Kar with Madhukosha commentary; published by Chowkhamba Prakashan; Varanasi, edition-reprint 2016; part 2; chapter - 33; sloka-1
5. <https://www.who.int> , Diabetes, published on 15<sup>th</sup> November, 2017.
6. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-47
7. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-47



8. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-5
9. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-24
10. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-36
11. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-5
12. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-24
13. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-36
14. Hemadri and Arun Dutta-edited by Parsdakara Hari Sadashiv Sastri, Astanga Hridayam of Vagbhata with Sarvanga Sundara Commentary and Ayurveda Rasayana Commentary; published by Chowkhamba Orientalia, Varanasi, edition-reprint 2012, Nidana Sthana, Chapter- 10, shloka-7
15. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-3
16. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-8-15
17. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-28



18. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-24
19. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-61-62
20. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-66
21. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-82
22. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-94-95
23. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-237-242
24. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-219
25. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 27, shloka-228
26. Vaidya Yadavji Trikamji Acharya, Sushruta Samhita on Nibandha Sangraha commentary by Dalhan, Published by Chaukhamba Sanskrit Sansthan, Varanasi, Edition Reprint 2012, Sutra Sthana , Chapter -15, Shloka-21
27. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 26, shloka-43



28. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 7, shloka-32
29. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 7, shloka-33-35
30. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Sutra Sthana, Chapter- 7, shloka-34-35
31. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition, reprint 2015, Sutra Sthana, Chapter- 7, shloka-3-25
32. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Chikitsa Sthana, Chapter- 28, shloka-59
33. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Chikitsa Sthana, Chapter- 28, shloka-15
34. Chakrapani Dutta, edited by Vaidya Yadavji Trikamji Acharya, Charak Samhita of Agnivesh with Ayurved Dipika commentary, published by Chowkhamba Krishnadas Academy, Varanasi, edition-reprint 2015, Nidana Sthana, Chapter-4, shloka-6-7



## AYURVEDA TREATMENT IN CIRRHOSIS OF THE LIVER

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### ABSTRACT:

*Cirrhosis of the liver is a disorder which leads serious stages and complications if proper treatment is not given in right time. We can develop a safe and effective treatment module in this disease. Ayurvedic medicine is beneficial in this disease. Strict pathyapathya along with vyadhi pratyhanika aushadha prayoga, appropriate, diet, nutritive food supplements and yoga and pranayama, counselling and assurance beneficial in this disease upto some extent.*

*In this context role of Ayurvedic medicine in the management of cirrhosis of the liver is explained which is widely used by Ayurvedic scholars.*

**Key words :** Liver, Cirrhosis, Ayurveda, Rasayana, Chronic alcoholic.

### INTRODUCTION

Cirrhosis of the liver is characterized by extensive damage of liver cells followed by fibrosis and abnormal regeneration which results in formation of multiple nodules of different sizes and decrease in liver functions.

It is of following types -

1. Nutritional cirrhosis of Lannec's cirrhosis
2. Biliary cirrhosis
3. Post necrotic cirrhosis
4. Indian childhood cirrhosis
5. Cirrhosis due to hemochromatosis
6. Cirrhosis due to deranged copper metabolism
7. Cardiac cirrhosis
8. Cirrhosis due to syphilis
9. Cirrhosis due to unknown cause – Idiopathic type.

Cirrhosis of the liver is considered as premalignant condition.

### Complications of cirrhosis

The following complications are mentioned in conventional system of medicine.

1. Loss of appetite
2. Cachexia
3. Ascitis
4. Bilateral pedal edema
5. Oesophageal varices
6. Difficulty in walking

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7. Melena
8. Haematemesis
9. Liver palm
10. Telengectesia
11. Echymosis
12. Gyenecomastia
13. Alterations in consciousness -  
Stupor, delirium, precoma , coma  
and death.
15. Adaptogenic
16. Medhya
17. Mootrala
18. Antiinfectives
19. Raktaprasadana
20. Mridu virechaka
21. Sramsana
22. Mamsa vardhaka

Certain medicines are effective in early stages of liver cirrhosis. Of course late stages will not respond effectively with further development to either complications, malignancy and even death.

**Following is the list of drugs useful in cirrhosis.**

1. Hepatic stimulant
2. Cholagogue
3. Hepatoprotectives
4. Rasayana
5. Pittahara
6. Sheetavirya
7. Madhura rasa yukta
8. Tikta rasa yukta
9. Protein supplements
10. Jeevaniya
11. Ojaskara
12. Brihmana
13. Poshaka
14. Antistress

#### **Hepatic stimulant drugs**

- Kiratatikta
- Kakamachi
- Katukarohini
- Panchatikta kashaya
- Patola katurohinyadi kashaya
- Nimba kashaya

#### **Cholagogue**

1. Katuki kashaya
2. Kumaryasava
3. Arogyavardhini vati
4. Gorochana
5. Phalatrikadi kashaya

#### **Hepatoprotective drugs**

1. Guduchi kashaya
2. Triphala kwatha
3. Patolakaturohinyadi kashaya
4. Katukichoorna
5. Arogyavardhini vati
6. Kumaryasava



### **Rasayana**

1. Guduchi kashaya
2. Arogyavardhini vati
3. Triphala choorna
4. Kooshmanda swarasa
5. Shatavari swarasa
6. Shatavari guda
7. Goksheera
8. Pancha ksheera
9. Triphala kwatha
10. Bhoomyamalaki swarasa

### **Pittahara drugs**

1. Panchatikta kashaya
2. Guduchyadi kashaya
3. Phalatrikadi kashaya
4. Shatavari mandoora
5. Bhunibadi kashaya
6. Patolakaturohinyadi kashaya

### **Sheetaveerya drugs**

1. Narikela jala
2. Shatavari swarasa
3. Punarnava swarasa
4. Bhumyamalaki swarasa

### **Madhurarasayukta drugs**

1. Shatavari swarasa
2. Sita
3. Kharjura phala
4. Draksha phala
5. Kharjuradi mantha
6. Ushirasava

7. Parushaka kalka
8. Shadanga paniya

### **Tikta rasa yukta drugs**

1. Panchatikta kashaya
2. Bhunimbadi kwatha
3. Guduchi kashaya
4. Dronapushpi kashaya
5. Katuki kashaya
6. Nimba choorna

### **Protein suppliments**

1. Paneer
2. Godugdha
3. Mamsa rasa
4. Aja mamsa rasayana
5. Masha choorna
6. Godhooma nirmita ahara
7. Egg
8. Fishes with little fat content

### **Jivaniya drugs**

1. Godughda
2. Ashta dughdha
3. Shatavari swarasa
4. Amritottara kashaya
5. Yashtimadhu phanta

### **Ojaskara drugs**

1. Kooshmandavaleha
2. Shatavari guda
3. Goksheera
4. Mahisha ksheera



5. Shatavari swarasa
6. Ajamamsa rasayana
7. Mamsa rasa

**Poshaka– as above.**

**Antistress drugs**

1. Sarpagandha vati
2. Jatamamsi choorna
3. Guduchi kashaya
4. Brahmi vati

**Adaptogenic - as above.**

**Deepana Dravya**

1. Shunthi choorna
2. Trikatu choorna with honey
3. Shunthi ksheera paka
4. Ardraka khanda
5. Maricha choorna
6. Pippaliksheerapaka

**Brimhana Dravya**

1. Kooshmandaavaleha
2. Shatavari guda
3. Go ksheera
4. Mahishi ksheera
5. Shatavari swarasa
6. Ajamamsa rasayana
7. Mamsa rasa

**Medhya Dravya**

1. Shankhapushpi syrup
2. Medhya vati
3. Brahmi vati
4. Go ksheera

**Mootrala**

1. Punarnava swarasa
2. Punarnavasava
3. Gokshura bija choorna
4. Punarnavadi mandoora
5. Gomutraharitaki
6. Trinapancha moola kashaya
7. Kshara parpati

**Pachana Dravya**

1. Hinguashtaka choorna
2. Hingogragandhadi choorna
3. Lavana bhaskara
4. Trikatu choorna with honey
5. Pippali ksheerapaka

**Anti infective drugs**

1. Panchatikta kashaya
2. Phalatrikadi kashaya
3. Chandnasava
4. Arogyavardhini vati

**Raktaprasadana**

1. Mahamanjistadi kashaya
2. Arogyavardhini vati
3. Usheeradi peya
4. Sarivadi hima
5. Sarivadyasava

**Mriduvirechana Dravya**

1. Triphala choorna
2. Haritaki choorna
3. Trivrit choorna





4. Drakshadi kashaya
5. Panchasakara choorna
6. Shatsakara choorna

#### **Sramsana – as above**

#### **Mamsavardhaka Dravya**

1. Ajamamsadi rasayana
2. Kooshmanda avaleha
3. Ashwagandha leha
4. Mamsa rasa

#### **DISCUSSION**

Cirrhosis of the liver is usually irreparable condition where there is permanent damage of liver parenchyma leading to extensive fibrosis and abnormal regeneration with multiple nodule formation all over the liver. The liver function is reduced in this disease. Often it is considered as premalignant condition. Ayurveda treatment given in the early stage of the disease definitely results in betterment of condition. Hence Ayurveda is a better treatment option in early stage of liver cirrhosis.

#### **CONCLUSION**

1. Chronic alcoholism is a common cause of cirrhosis of the liver.
2. Early stage of the disease responds well to the Ayurvedic treatment.
3. At later stage it can lead to various complications and can become fatal.

#### **Reference :**

1. Acharya SG, Researches in Ayurveda , Manipal .2010
2. Thripathi S N, Singhal G D, Ayurveda Clinical Diagnosis, Choukhamba press, New Delhi
3. Acharya S G, Updated Ayurveda Manipal 2011
4. Singh R H, Textbook of Kayachikitsa, Choukhamba press, Varanasi.
5. Acharya S G, Samanya roagala chikitseyalli Ayurveda Manipal India 2009



## A CASE STUDY ON UDARASHULA DURING KASATARTAVA W.S.R TO HINGUADI TAILA

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### ABSTRACT :

*Today menstrual disorder is more common and dysmenorrhea is one of them. Severe dysmenorrhea is most prevalent in young single women leading sedentary lives, and its frequency has some economic importance. Although dysmenorrhea should not be regarded as a serious disorders, but its treatment is of great importance to the practising physician. In Ayurveda it is present in the form of udarshula, which is also called kashtartava by the Acharya. In present era it is the severe problem due to life style errors. which can be properly controle by following Ayurvedic remedy and Dincharya ,Ritucharya etc.*

**Key-point:-** Udarshula, Hinguadi taila, Kashtartava, Pradava roga.

### INTRODUCTION:

Dysmennorea, paimful menstruation is one of the most common Gynecologic disorder. It is the greatest single cause of lost work and school days among young women. Dysmenorrhea may be primary

,with no associated organic pathology or secondary, with demonstrable pathology.

Primary dysmenorrhea is caused by prostaglandin-induced uterine contractions. primary dysmenorrhea tends to occur with the onset of ovulatory cycles and usually improved with time ,coincides with the onset of menstrual bleeding and frequently is associated with other prostaglandin-mediated symptoms such as nausea, vomiting ,diarrhea and dizziness. The pain is sharp and cramy and is located in lower midline. The pelvic examination in a non menstruating client with primary dysmenorrhea should not demonstrate tenderness or other pathological changes.

Secondary dysmenorrhea means pelvic pain caused by (secondary to) a disorder or disease. Secondary dysmenorrhea most commonly beings in women who are in their late teens.

### Case Report:

A 20 years old female come in opd complain of -

1. Pain in abdomen

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2. Obstruction of urine, faeces & flatus
3. Headache
4. Nausea and vomiting
5. Indigestion with anorexia

Patient had above complains since 5 days, history of abortion since one year back, no any surgical history.

#### Personal History:

Diet	vegetarian
Appetite	poor
Micturation	Normal
Bowel habit	Regular
Addiction	None

#### Particulars of the Patient

Age- 20 years  
Marital status- married  
Occupation-house wife  
Social class- middle  
Address-Natiimali, Varanasi  
OPD No-740/1  
Registration date-25/1/2020

#### Family History:

No relevant family history

#### Menstrual History :

Menarchi at the age of 12 years

Last menstrual period 25/1 /2020

#### System examination-

**Cardiovascular system-** S1 & S2 is audible, no added sound, heart rate-74/min

**Respiratory system-** Bilateral chest clear, no crepts and no weezinmg

**Gastrointestinal system-** Per abdomen- soft, non tender and no organomegaly detected.

For Ayurvedic Treatment she come to our Ayurvedic clinic.

1. Nadi =Kaphaz nadi
2. Mala=sama mala
3. Mutra =prakrit varna
4. Jihva = sama
5. Agani= agnimandya
6. Shabda=prakrita
7. Sparsha=prakrita
8. Druka=prakrita
9. Akriti= sthula
10. Bala=madhyama
11. Raktachapa=110/90 mmHg

#### Material and method:

**Centre of study:** Rajakiya Ayurved Mahavidyalaya Chaukaghat, Varanasi



### Material:

S.N.	Dravya	Dose	Duration	L/A
1.	Asa foetida (Hinga)	10 g	10 days	Nabhi-puran with 5 ml of hingvadi oil per subah-sam
2.	Zanthoxylum alatum (Tumburu )	Sam bhag		
3.	Zingiber officinale (shunthi)	Sam bhag		
4.	Sarshapa Taila(mustard oil)	120 ml		
5.	Water	480ml		

**Table2: Showing Mode of Action of Dravya**

Dravya	Mode of Action
1. Asa foetida	It is antispasmodic, carminative, expectorant, laxative and sedative
2. Zanthoxylum alatum	It has insecticidal activity
3. Zingiber officinale	Antiemetic,antiinflammatory, appetite stimulant,anti oxidant
4. Mustard oil	It has isothionate with anti inflammatory property ,antiseptic

**Table3 showing Regression of symptom during treatment :**

S.N	Symptoms	0day	1day	2day	3day
1.	Pain in abdomen	+++	++	+	0
2.	Obstruction of urine,faeces &flatus	++	+	+	0
3.	Headache	+++	++	+	0
4.	Nausea and vomitting	+++	+	+	0
5.	Indigestion with anorexia	++	0	0	0



## Discussion:

### Hetu:

### Ahar

1. Kashaya ,Tikta and katu dravya excessive intake
2. Ruksha annapana sevana

### Vihara

1. Upavasa and atilanghan
2. Adhyashana

### Samprapti :

Main cause of udavarta or udarasula is vata, due to intake of above etiological factors.

### Hetu

(Kashaya, Tikta, Katu, Ruksha, upavas, etc.)



### Srotodushti



### Prakopa of apana vayu in pakvashaya



### Vilomagati of apana vayu



### Obstruction of mala,mutra and apana vayu



### Udarashula

## Pathya:

1. Laghu supachya ahara
2. Ushna jalapana
3. Ushna swedana
4. Vyayama

## Observation and Result :

Clinical examination of the patients revealed regression of symptom on first day due to Ayurvedic management

## Conclusion:

All said that Ayurved drug has slow result, but if we give proper treatment in specific condition in due time then Ayurveda shows magical result. This case is one of best example of Magic of Ayurveda.

## References :

1. Kashinath shastri,Gorakhnath chaturvedi (1996) charak samhita 23<sup>rd</sup> edition purvadh sutrasthan adhyay no 7 and chikitsasthan adhyaya-26 ,shlok no 5-6 chaukhamba prakasan Varanasi.
2. Kaviraja ambika dattsastri(1997) susruta samhita 11<sup>th</sup> edition uttar tantra adhyaya no 55 ,shlok no-4 chaukhamba prakasan Varanasi .
3. In laghutrai Bhavaprakas adhyaya no 31shlok no 2 chaukhamba prakasan Varanasi.



## परिषद् समाचार

### विश्व आयुर्वेद परिषद् द्वारा सम्पूर्ण भारतवर्ष में चरक जयन्ती समारोह का आयोजन

25 जुलाई 2020 को चरक जयन्ती समारोह का आयोजन विश्व आयुर्वेद परिषद् द्वारा राष्ट्रीय स्तर पर आयोजित किया गया। महर्षि चरक, चरक संहिता भारतीय विज्ञान के अनुपम धरोहर एवं विषयक इस संगोष्ठी में प्रो० सुनील जोशी, प्रो० बी० आर० रामकृष्ण, प्रो० बलदेव कुमार धीमान अतिथि के रूप में उपस्थित थे। वेबिनार के माध्यम से सम्पन्न इस कार्यक्रम में प्रो० प्रसन्ना एन. राव, वैद्य राजेश ठक्कर, वैद्य अभिजीत राय, वैद्य विनिष गुप्ता, मुख्य वक्ता के रूप में उपस्थित थे।

### उत्तर प्रदेश इकाई द्वारा चरक जयन्ती एवं श्रेष्ठ चिकित्सक सम्मान समारोह का आयोजन सम्पन्न

विश्व आयुर्वेद परिषद उत्तर प्रदेश द्वारा चरक जयन्ती के शुभ अवसर पर प्रदेश के 16 वरिष्ठ चिकित्सकों व एक औषध निर्माता को आचार्य "चरक सम्मान" से सुशोभित किया गया। कल 26 जुलाई को वेब समारोह के माध्यम से उन्हें यह सम्मान समर्पित किया गया। समारोह में परिषद के मर्गदर्शक प्रो. सत्येंद्र प्रसाद मिश्र जी, संगठन मंत्री प्रो. योगेश चंद्र मिश्रा जी, राष्ट्रीय उपाध्यक्ष प्रो. महेश व्यास ( विशिष्ट वक्ता) प्रो. कमलेश कुमार द्विवेदी जी तथा राष्ट्रीय सचिव डॉ. प्रेमानंद राव जी व केरल इकाई के अध्यक्ष डॉ. विनोद जी विशिष्ट अतिथि के रूप में सम्मिलित हुये। कार्यक्रम में डॉ. श्रीधर ऐनी शेटी जी, सुरेश जकोटिया जी तेलंगाना से, डॉ. जायें पोंडीचेरी से तथा दक्षिण राज्यों के कई अन्य चिकित्सक उपस्थित रहे। कार्यक्रम का प्रदेश के महसचिव डॉ. विजय राय ने किया।

दिनांक 25 जुलाई 2020 को गोरक्ष प्रांत के सभी सदस्यों ने आयुर्वेद के प्रणेता आचार्य चरक की जयन्ती बड़ी धूमधाम से मनाई गई। वैश्विक महामारी कोरोनावायरस के प्रकोप और प्रदेश में 2 दिन दिवसीय लॉक डाउन होने के कारण सामूहिक कोई कार्यक्रम नहीं संभव हो पाया। विश्व आयुर्वेद परिषद की प्रदेश इकाई द्वारा इस वर्ष एक महत्वपूर्ण पहल करते हुए प्रत्येक प्रांत से 3 चिकित्सकों का सम्मान करने का निर्णय लिया गया। गोरक्ष प्रांत में सर्वप्रथम वैद्य कविराज आत्माराम दुबे जी को सम्मानित करने के लिए लॉकडाउन के बाद का समय लिया गया है। इसके अलावा जनपद मऊ के डॉक्टर अनिरुद्ध प्रसाद पांडे एवं आजमगढ़ जनपद से वैद्य डॉक्टर वीरेंद्र नाथ सिंह को संबंधित जनपद के पदाधिकारियों द्वारा सम्मानित किया गया। इसी उपलक्ष में गोरक्ष प्रांत के केंद्रीय कार्यालय पर चरक जयन्ती का एक सूक्ष्म कार्यक्रम आयोजित किया गया। इस कार्यक्रम में आचार्य चरक की चित्र पर माल्यार्पण कर पूजन, और दीप प्रज्वलन का कार्यक्रम किया गया। इस अवसर पर गोरक्ष प्रांत के अध्यक्ष डॉक्टर ज्वाला प्रसाद मिश्रा ने उपस्थित सदस्यों को संबोधित करते हुए बताया की प्रदेश की इकाई द्वारा वरिष्ठ वैद्य के सम्मान एक बहुत ही अच्छी पहल है, उन्होंने बताया कि आज ही के दिन चिकित्सक प्रकोष्ठ गोरक्ष प्रांत का अलग से एक ग्रुप बनाया गया। इसमें प्रांत के सभी चिकित्सक सदस्य होंगे। इस अवसर पर बोलते हुए चिकित्सक प्रकोष्ठ के प्रांत प्रभारी डॉ. प्रकाश चंद त्रिपाठी ने बताया की गोरक्ष प्रांत के सभी पदाधिकारियों ने अपने सभी जानने वालों अपने मित्रों के घर गिलोय का रोपण कराने की सफल प्रयास किया है। बहुत से घरों में गिलोय को रोपित किया जा चुका है उसके गुण धर्मों को संबंधित लोगों को बताया जा चुका है। इसमें बैठक में प्रांतीय सचिव डॉ प्रभा शंकर मल्ल और उपाध्यक्ष डॉ अनिल प्रताप मल्ल छात्र प्रकोष्ठ के शिवाकांत मिश्रा उपस्थित रहे।



## बिहार इकाई के तत्वावधान आचार्य चरक जयंती सह गुरुजन सम्मान कार्यक्रम आयोजित

विश्व आयुर्वेद परिषद् बिहार इकाई के तत्वावधान में दिनांक २६.७.२०२० रविवार को आचार्य चरक जयंती सह गुरुजन सम्मान कार्यक्रम आयोजित किया गया था। गुरुजन सम्मान हेतु वैद्य नागेन्द्र ओझा – मुजफ्फरपुर तथा वैद्य बीरेंद्र नारायण उपाध्याय– सिवान के नाम की घोषणा की गयी। प्रांत के महाविद्यालयों से स्नातक एवं स्नातकोत्तर के सात छात्र– छात्राओं ने श्लोक वाचन के साथ आचार्य चरक की उपादेयताओं के विविध पक्षों का प्रतिपादन किया। छात्रों प्रकोष्ठ प्रमुख वैद्य रोहित रंजन एवं वैद्य आकाश त्रिपाठी ने भी विषय प्रतिपादन किया। मुख्य वक्ता वैद्य महेश व्यास (राष्ट्रीय उपाध्यक्ष), अखिल भारतीय आयुर्वेद आयुर्विज्ञान संस्थान दिल्ली तथा वैद्य संतोष नायर– विभागाध्यक्ष– संहिता सिद्धांत विभाग, चौधरी ब्रह्मप्रकाश चरक संस्थान दिल्ली का प्रबोधन ज्ञानवर्धक रहा। प्रतिवर्ष बिहार इकाई के द्वारा आयोजित हो रहे अखिल भारतीय स्नातक स्तर निबंध प्रतियोगिता की अगली कड़ी में इस वर्ष (२०२०) हेतु वैद्य पं० गंगाधर शर्मा त्रिपाठी स्मृति निबंध प्रतियोगिता की घोषणा की गयी ( विदित हो कि वैद्य गंगाधर शर्मा त्रिपाठी जी विश्व आयुर्वेद परिषद् बिहार इकाई के संरक्षक वैद्य प्रजापति त्रिपाठी –प्राचार्य, सिवान आयुर्वेद महाविद्यालय, के पूज्य पिताजी हैं, जिनका इस वर्ष जन्म शताब्दि वर्ष है )। कार्यक्रम में संरक्षक द्वय वैद्य शिव मंगल मिश्र एवं वैद्य प्रजापति त्रिपाठी, वैद्य अशोक दुबे –प्रांताध्यक्ष, वैद्य देवव्रत नारायण सिंह – वरिष्ठ उपाध्यक्ष, सचिव त्रय क्रमशः वैद्य विनोद कुमार शर्मा, वैद्य आलोक नाथ त्रिपाठी तथा वैद्य सच्चिदानंद सिंह की सक्रिय उपस्थिति थी। वैद्य सुधांशु त्रिपाठी –शिक्षक प्रकोष्ठ सह प्रमुख, वैद्य सौरभ पाल एवं वैद्य आनन्द मिश्र ने कार्यक्रम का सफल संचालन किया। वैद्य अंकेश मिश्र– प्रांत संपर्क प्रमुख ने कार्यक्रम का योग्य संयोजन किया।

## मध्य प्रदेश इकाई द्वारा चरक जयन्ती समारोह का आयोजन सम्पन्न

मध्य प्रदेश में चरक जयन्ती हर्षोल्लास के साथ सम्पन्न। विश्व आयुर्वेद परिषद् मध्यप्रदेश इकाई द्वारा चरक जयन्ती के उपलक्ष्य में 25–26 जुलाई को विविध कार्यक्रम आयोजित हुए। जिनमें प्रमुख रूप से महर्षि चरक पर एक आभासी सेमिनार (वेबिनार) जिसका विषय– अर्थ बहुला : चरक संहिता पर आयोजित हुआ, जिनमें मुख्य रूप से प्रो० महेश दधिच एवं रामतीर्थ शर्मा जी की सक्रिय भूमिका रही। इसमें विशिष्ट वक्ता के रूप में चरक मर्मज्ञ प्रो० बनवासी लाल गौड़ जी थे। इसके अतिरिक्त इस अवसर पर औषधीय पौधों जैसे गिलोय, अश्वगंधा, तुलसी का वितरण एवं रोपण हुआ।

## राजस्थान इकाई द्वारा चरक जयन्ती समारोह का आयोजन सम्पन्न

विश्व आयुर्वेद परिषद् राजस्थान प्रान्त, चित्तौड़ के द्वारा आज कोटा में आचार्य चरक जयन्ती मनाई गई। मां भारती विद्यालय में कोरोना से बचाव के नियमों की पूर्ण पालन करते हुए, भगवान धन्वंतरि के चित्र के साथ आचार्य चरक के चित्र के समक्ष दीप प्रज्ज्वलित कर कार्यक्रम के मुख्य अतिथिगण सर्व श्री मृगेंद्र जी जोशी, पत्ता सिंह जी सोलंकी, मुंजाल जी ने डाक्टर मांडवी गौतम के द्वारा धन्वन्तरी स्तवन गायन के साथ कार्यक्रम का प्रारंभ किया। यद्यपि आदि चिकित्सक आचार्य चरक के विषय में सभी परिचित है, फिर भी उनके विषय में, अग्निवेश तंत्र प्रतिसंस्कर्ता चरक के विषय में, चरक संहिता के वैशिष्ट्य के विषय में कोटा विभाग प्रमुख डाक्टर अनुपमा चतुर्वेदी ने संक्षेप में परिचय दिया। विश्व आयुर्वेद परिषद् के निर्देश अनुसार गिलोय व तुलसी का वितरण से पहले इन दोनों



जीवनदायिनी औषधियों के विषय में डाक्टर नेहा आहुजा ने विस्तृत जानकारी एवं वर्तमान समय में इनके महत्व को बताया। कार्यक्रम के मुख्य अतिथि मृगेंद्र जी जोशी जिनकी पहचान कोटा में ही नहीं वरन् सम्पूर्ण आयुर्वेद जगत में यशस्वी प्रणाभिसर चिकित्सक के रूप में जानी जाती है, उन्होंने अपने उद्बोधन में उपस्थित चिकित्सकों को आचार्य चरक के विशिष्ट मंत्र चिकित्सा सूत्रों पर शोध के लिए, व्याधिक्षमत्व के आचार्य चरक प्रतिपादित सिद्धांत, सहजकालजयुक्तिकृत बल पर विशद रूप से व्याख्या की, स्वयं के चिकित्सकीय अनुभवों को साझा किया।

चिकित्सा क्षेत्र में कुशल वैद्य श्री पत्तासिंह जी सोलंकी ने चरक संहिता के अध्ययन से होने वाले लाभ के विषय में बताया, उपस्थित चिकित्सकों को चरक की विविध रोगों में चिकित्सा वैशिष्ट्य को बताया। वरिष्ठ चिकित्सक (नाम) मुंजाल जी ने चरक के सिद्धांतों के साथ विश्व आयुर्वेद परिषद के कार्यक्रम की प्रशंसा की, संभाषा स्वरूप यह कार्यक्रम जन उपयोगी है। कार्यक्रम में आरोग्य भारती राजस्थान क्षेत्र प्रमुख लक्ष्मण जी ने स्वास्थ्य के लिए सभी पैथियों के समन्वय के विषय में बताया। सभी मुख्य अतिथिगणों का, कार्यक्रम में उपस्थित आरोग्य भारती, राजस्थान क्षेत्र के प्रमुख श्री लक्ष्मण जी भावसिंहका का स्वागत पुष्प गुच्छ से किया।

कार्यक्रम की रूपरेखा, कार्ययोजना तैयार करने में लगभग एक सप्ताह पूर्व से प्रशासन से कार्यक्रम के लिए अनुमति लेकर, इस आयोजन को मूर्तरूप देने के परिश्रमसाध्य कार्य के सफल आयोजन का श्रेय निरंजन गौतम के सदप्रयास को दिया जाता है। निरंजन गौतम ने नव नियुक्त कार्यकारिणी की घोषणा की। विश्व आयुर्वेद परिषद के परिचय व उद्देश्यों की जानकारी दी। कोरोना के लिए आयुर्वेद चिकित्सक द्वारा चिकित्सीय प्रबन्धन के विषय में बहुत उपयोगी जानकारी कपिल सैनी द्वारा वैज्ञानिक व तार्किक रूप से कार्यक्रम में उपस्थित चिकित्सकों को दी। कार्यक्रम में प्रवाह व निरन्तरता बनाए रखने के लिए कुशल संचालन मेघना शेखावत ने किया, जिनके द्वारा एक चिकित्सकीय आदर्श शपथ भी दिलाई गई, जिसमें रोगी की चिकित्सा में पूर्ण समर्पण भाव से करना, बिना किसी लोभ के उसका उपचार करने जैसे भावों को अपने जीवन में उतारना है। कार्यक्रम के अन्त में डाक्टर राजेंद्र सिंह हाडा ने मुख्य अतिथियों, उपस्थित चिकित्सकों को धन्यवाद दिया। मुख्य अतिथिगण द्वारा गिलोय व तुलसी के पौधे वितरण कराये गये।

इसके अतिरिक्त राज्य स्तरीय ऑनलाइन श्लोक गायन एवं निबन्ध प्रतियोगिता का भी आयोजन हुआ। कार्यक्रम का आयोजन डॉ० किशोरी लाल शर्मा, अध्यक्ष के नेतृत्व में विश्व आयुर्वेद परिषद् राजस्थान ईकाई द्वारा किया गया। जिसमें राज्य भर से स्नातक और स्नातकोत्तर छात्र-छात्राओं ने प्रतिभाग किया। जिनमें स्नातकोत्तर छात्रा डॉ० उर्मिला सैनी, जोधपुर; डॉ० महिमा जैन, एन.आई.ए. जयपुर; आस्था अग्रवाल, उदयपुर; नेहा सिंह एवं नेहा कुमावत विजयी रही।

## ***Charak Jayanti Celebration by Telngana Unit***

On 26 July 2020 successfully conducted the VAP Charaka jayanthi celebrations of Telangana Vibhag, Chikitsak Prakosht with able guidance of Dr.Premanand sir. The programme was technically arranged with the help of Pragna Bharathi and hosted by Dr. Udayrag garu. The programme was attended by many of our Nishnarth Gurus Manikya sharmagaru, T.Srinivasgaru, Yadaiah garu etc and many others from all walks of life. There was a stimulative lecture on Indriya Sthana of Charak





Samhita by Dr. Srikanthbabu, i/c principal Dr. BRKR Ayud Med College Hyderabad followed by the Chief lecture of the day by Sri. JSR Prasadgaru though an outsider of Ayurveda field but because of his wide Sanskrit Knowledge had given an elaborate lecture on role of diet and manas in roga karana thus brushing the dust off our brains and stimulating us to recollect the beauty of our Samhita. “ Vidmeds technical aspect also is very much helpful in these times of Social distancing to bring the doctors and patients together. And last but not the least Manikya Sharma Sirs Words on Why Charaka Jayanthi is celebrated on Naga panchami.

### ***Charak Jayanti Celebration by Tamilnadu Unit***

Vishwa Ayurveda Parishad, Tamil nadu Unit organized a National webinar on glimpse of Charak Jayanti on 2nd Aug 2020. The Chief guest were Dr. K. K. Dwivedi & Vd. Vinod Kumar, T.G. Nair, The speaker were Dr. G. Prabhakar Rao, Dr. P. Srikanth Babu, Prof. Mahesh Vyas, Dr. Santosh Nair, Dr. G.R.R. Chakrabarthy, Dr. Raghunan Bhatt, Dr. Murlidhar Paliwal, Dr. Subhangi Kamble, Dr. Venkateswar Rao, Dr. Surendra Choudhary, Dr. Premanand Rao, nicely organized the program which continued for seven hours. All the chapters of Charak Samhita were explained by speakers.

### **लाइफ टाइम अचिवमेन्ट अवार्ड**

विश्व आयुर्वेद परिषद् बंगाल ईकाई एवं इन्डेपेन्डेन्ट रिसर्च इथिक्स सोसाइटी द्वारा चरक जयन्ती पर प्रो० योगेश चन्द्र मिश्र, केन्द्रीय संगठन मंत्री विश्व आयुर्वेद परिषद् एवं प्रो० हरि शंकर शर्मा, अइहोर प्रतिष्ठानम् ओसाका, जापान, रस शास्त्र विद्वान को उनके कृतत्व के लिए लाइफ टाइम अचिवमेन्ट अवार्ड से सम्मानित किया गया। डॉ० पवन कुमार शर्मा द्वारा संयोजित इस कार्यक्रम में प्रो० अनूप ठाकुर, डॉ० जयराम हाजरा, डॉ० के० के० द्विवेदी, प्रो० एस० के० बन्दोपाध्याय आदि प्रमुख रूप से उपस्थित थे।

### ***Series of Webinar***

1. Online lecture on 21<sup>st</sup> June 2020 “*Jiwan ka antras sangeet*” by Vaidya Sandeep Agarwal, Principal, Vivek College of Ayurvedic Sciences and Hospital, Bijnor, U.P.,
2. An online lecture for Ayurveda students on 28<sup>th</sup> June 2020 on topic – “Diseases of Varsha Ritu and their clinical management” by Dr. Tanmay Goswami [MD, Ay., President of Maitrey Ayurved Ashram and Managing Director of GOSVAL Ayurved, India, Russia, USA, as well as Ex. member of CCRAS under Ministry of AYUSH.



3. An online guidance lecture for post graduation entrance exam preparing aspirants on 1<sup>st</sup> July 2020 on topic how to prepare for P.G. entrance speaker Dr. Sunil Rai from AIIMS, Raipur.
4. An online clinical lecture on 12<sup>th</sup> July 2020 on topic “Pain management through Ayurveda” by Dr. Laxmi Dutta Shukla, retired principal of Smt KGMP Ayurvedic college, churni road, university of Bombay.
5. A online clinical lecture on 15<sup>th</sup> July 2020 on topic “Practical approach of Agnikarma in clinical practice by Dr. Mrigank Shekhar, Govt. ayurvedic PG college & hospital, Varanasi, Sri Sai Ayurvedic Medical College & Hospital, Sarsol, Aligarh, and VAP, Braj prant.
6. An online basic lecture on 19<sup>th</sup> July 2020 on topic “Importance of Tridosh Sidhant in the management of disease of current scenario” by Dr. Satya Prakash Gupta, Guru-Rastriya Ayurved Vidyapeeth and senior Ayurveda physician, Moradabad.
7. A online lecture on 22<sup>nd</sup> July 2020 on topic “Dietetic principles and their application in day to day practice” by Dr. Kamlesh Shivram Mahajan, Assistant Professor, A.S.S ayurvedic college, Nasik, Maharashtra. The Program was jointly organized by Principal, Prem Raghu Ayurvedic Medical College & Hospital-Hathras and VAP Braj prant.
8. An online felicitation ceremony on 25<sup>th</sup> July 2020 namely “Acharya Charak Samman Samaroh” on era of Charak Jayanti for those who had contributed extensively in the field of Ayurveda. The felicitated persons were Dr. Ajay Dutt Sharma from Lucknow,UP, Prof (Dr.) Harishankar Rai from Bareilly,UP, Vaidya Vachaspati Trivedi from Lucknow,UP, Dr. Laxmikant Vajpayee from Merrut,UP, Vaidya Mahesh Agarwal from Ghaziabad ,UP. Prof (Dr) Premwati Tiwari from Varanasi, UP. Prof (Dr.)Narayan Dutt Mishra from lucknow UP, Prof Sarva Dev Upadhyaya from Prayagraj , UP, Vaidya Virendra Nath Singh from Azamgarh ,UP, Vaidya Aniruddh Pandey from Mau ,UP, Kaviraj Atmaram Dubey from Gorakhpur ,UP, Sri Uma Shankar Sharma from Kasganj, UP, Prof. (Dr) Ram Babu Dwivedi from hardoi ,UP, Prof (Dr.) Dharm Raj Singh from Lucknow ,UP, Dr. Virendra Kumar Jaiswar from Bareilly ,UP, Vaidya Prof. Shiv Kumar Mishra from Jaunpur , UP, Dr. Shyam Bihari Shukla from Kanpur ,UP, Vaidya Hari Dutt Sharma Ji from Moradabad, UP. The online ceremony was done in presence of Prof. Satyendra prasad Mishra and Prof Yogesh Chandra Mishra, VAP. The special guest were Dr. Premnand Rao, Hyderabad, and Dr. Vinod Kumar T.G, Kerala,. The guest lecture was given by by Prof Mahesh Vyas, Dean, AIIA Delhi.



9. An online lecture on 28<sup>th</sup> July on topic “Panchakarma at OPD level” by Prof (Dr.) Alathiyur Narayanan Nambi, Principal Asthamgam Ayurveda College, Kerala, The organizing committee consisted of Prof R.B.L Srivastav ,Principal, Mr. Sanket Bali, Admin director, and Prof. Sushant Kumar Sahoo, HOD Kayachikitsa,- Gangasheel Ayurvedic Medical College & Hospital Bareilly, VAP, UP, Dr. Nitin Sharma ,Vidyarthi Prakosth Pramukh, VAP, Braj prant.
10. On 5<sup>th</sup> august 2020 an online lecture was organized on topic- “overview of anatomy of upper limb with virtual dissection” by Dr. Gaurav Soni ,Assistant Professor, Department of Rachna Shareer, NEIAH, Shilong. The Program was organized jointly with Dhanwantari Ayurvedic medical college and hospital, Bareilly, UP. and Vishwa Ayurved Parishad, Uttar Pardesh.
11. A workshop on 18<sup>th</sup> august 2020 was organized for essay writing for undergraduate Ayurveda students. The organizing committee consisted of Dr. Surendra Chaudhary , president VAP,UP, Dr Vijay Rai ,General Secretary VAP, UP, and Dr. Mandeep Jaiswal ,Vidyarthi prakosth pramukh- VAP, UP.
12. International Webinar on Prevention Strategis for non communicable Diseases was organized on 23rd August 2020. Dignitaries on the diar were Prof. Dipika Deka, V.C. SSUHS, Assam; Mr. Khanindra Choudhary, Director, AYUSH Govt. of Assam; Dr. Ashwini Kr. Bhargava, Secetory General VAP; Distingnished speakers were Prof. M. Iqbal Chaudhary, Prof. Liaqat Ali, Prof. K.R. Kohali, Prof. J.S. Tripathi, Prof. B.P. Sharma, The Program was successfully orgnized by Prof. Kagen Basumatary, Dr. Niten Barman, Dr. Karab Ali, Dr. Shyamamata Kalita, Dr. Verity Markhap and faculty members of the college.
13. दिनांक 18 जुलाई 2020 को जस श्री कृष्णा फाउण्डेशन एवं विश्व आयुर्वेद परिषद् के संयुक्त तत्वावधान में आयुर्वेद एवं स्वास्थ्य वेबिनार का आयोजन किया गया। मुख्य वक्ता के रूप में डॉ० के० के० द्विवेदी डॉ० प्रियदर्शिनी तिवारी थे। आज के कोरोना काल में आयुर्वेद के महत्ता एवं उत्तम स्वास्थ्य तथा आयुर्वेद द्वारा वर्षा ऋतु में होने वाले सामान्य रोगों का बचाव एवं सम्बन्धित उपचार विषय पर चर्चा की गई।
14. बुन्देलखण्ड राजकीय आयुर्वेद महाविद्यालय झांसी एवं विश्व आयुर्वेद परिषद् द्वारा बाल संरक्षण में आयुर्वेद विषय पर वेबिनार का आयोजन 9 जुलाई 2020 को किया गया। मुख्य रूप से प्रो० एस० एन. सिंह, प्रो० सुरेश चन्द्र निदेशक द्वय, आयुर्वेद सेवार्यें उ० प्र० लखनउ उपस्थित थे। मुख्य अतिथि प्रो० अभिमन्यु कुमार, कुलपति, डॉ० सर्वपल्ली राधाकृष्णन, राजस्थान आयुर्वेद विश्वविद्यालय, जोधपुर तथा प्रो० डी.एन. मिश्र, डॉ० के० के० द्विवेदी, प्रो० बी.एन. सिंह, विशिष्ट अतिथि थे। मुख्य वक्ताओं में डॉ० निशा ओझा, प्रो० राकेश शर्मा, डॉ० आर.पी. तिवारी, डॉ० एस. राजगोपाल, प्रो० मिथिलेश वर्मा थे। डॉ० केदारनाथ उपाध्याय, डॉ० प्रवीण कुमार विश्वकर्मा, डॉ० अन्जु ने कार्यक्रम का संयोजन तथा प्रो० के० एन० यादव, प्रधानाचार्य ने निर्देशन किया।



15. Webinar organized on common pediatric problems and its Ayurvedic treatment on 8th July 2020, The Speaker was Dr. Mahesh Narayan Gupta. The Program was jointly organized by VAP, U.P. and Dr. Vijay Yadav Ayurvedic Medical College, Kaithi, Gazipur.
16. VAP Chhatisgarh organized webinar on 24 June 2020 on the topic "Vyadhikshmitva in COVID-19" Renowned speakers were Prof. G.S.Bghel, Prof. Rakshapal Gupta, Dr. Manas Hota, Dr. Rupendra Chandrakar, Dr. Shweta Singh, Dr. Patanjali Diwan, Dr. Sushil Dwivedi, Dr. L.C. Haripal, Dr. Akhilesh Shukla, Dr. Srikant Naik organized the program.

***Series of Webinar organized by Tamilnadu Unit of Vishwa Ayurveda Parishad & Shree Jayendra Saraswati Ayurveda College & Hospital, Chennai.***

1. Dr. B. Uday Ganesh- Clinical application of Shodhan W.S.R. to Vaman Karma
2. Dr. Usha Patil - Common toxic conditions and their treatment through Ayurvedic approach.
3. Dr. Bharath Narendra S. Inseparability of Roga Nidan and Chikitsa W.S.R. to Infertility.
4. Dr. A. A. N. Uday Kumar - Graha Rogas and their treatment.
5. Dr. Udaya Kiran - Scientific evidence of leech therapy in Shalya Tantra.
6. Dr. Venkateswar Krishna T. - Kshara - Clinical Application
7. Dr. Aleem - Gridhrasi & its management
8. Dr. Surendra Pant - Amavata & its management
9. Dr. Muni Lokesh - Management of Shiro Roga in Ayurveda.
10. Dr. Pundrikaksha - Timira Roga
11. Dr. S. M. Daina Shalin - Pathyahaara Viharar in different Ritus.
12. Dr. Chandramouleswaran T. - Nasya & its clinical applications
13. Dr. G.R.R. Chakrabarty and faculty member successfully organized the event regularly.



## Up Comming Events

All India UG Essay Competition-2020 Vishwa Ayurved Parishad UP is going to organize Dr. Ganga Sahay Pandey Memoria UG Essay Competition-2020 on the topic of "Ayurveda : Opening new dimensions in COVID era." Requesting you all to encourage students to participate in large. All participants will receive an e.certificate with a chance to win the prizes (certificate and cash money). Last date for submission (only online) is extended upto 15.09.2020. For details kindly find the Brochure.

The Bihar Unit of Vishwa Ayurveda Parishad is organizing Vd. Pandit Sri Gangadhar Sharma Tirpathi Memorial All India Ayurvedic U.G. Student Essay Competition-2020 on the topic "The Reliability of Charkokt Tasya Moolam - dharmah in the Present Scenario (COVID-19) in the context of Janpdodhwansh." Requesting you all to encourage students to participate in large. All participants will receive an e.certificate with a chance to win the prizes (certificate and cash money). Last date for submission (only online) is extended upto 15.09.2020. For details kindly find the Brochure.

## श्रद्धांजली



(Dr. Prakash Chandra Padhee)

1970 - 2020

विश्व आयुर्वेद परिषद् के आजिवन सदस्य डॉ० प्रकाश चन्द्र पाढी का असामयिक निधन दिनांक हो गया। डॉ० पाढी राष्ट्रीय आयुर्वेद संस्थान, जयपुर के स्नातकोत्तर थे तथा गोपबन्धु आयुर्वेद महाविद्यालय पुरी में रोग निदान एवं विकृति विज्ञान विभाग में उपाचार्य के पद पर कार्यरत थे। विश्व आयुर्वेद परिषद् उनके निधन से मर्माहत है तथा अपनी श्रद्धांजली अर्पित करता है।